

1.) CORPORATION NAME:

Family Credit Counseling Service, Inc.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BUSINESS FILINGS INCORPORATED
4701 COX ROAD, STE. 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1602491**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4304-06 CHARLES ST

CITY/ST/ZIP: ROCKFORD, IL 61108

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MICHAEL MCAULIFFE TITLE: PRESIDENT ADDRESS: 922 NORTH BLVD., #401 CITY/ST/ZIP/CO: OAK PARK, IL 60301	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CURTIS GALLOWAY TITLE: VICE PRESIDENT ADDRESS: 922 NORTH BLVD #808 CITY/ST/ZIP/CO: OAK PARK, IL 60301	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ELIZABETH SCHOMBURG TITLE: SR VP/TREASURER ADDRESS: 11327 DOWNING LANE CITY/ST/ZIP/CO: ROSCOE, IL 61073	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ARTHUR CRONEY TITLE: DIRECTOR ADDRESS: 770 W SUMMERLAND AVE, APT 202 CITY/ST/ZIP/CO: SAN PEDRO, CA 90731	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LORETTA DALY DALY TITLE: DIRECTOR ADDRESS: 3323 Vernon Avenue CITY/ST/ZIP/CO: BROOKFIELD, IL 60513-1444	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CAROL PARLIN TITLE: DIRECTOR ADDRESS: 3950 LAKESHORE DR #1301 CITY/ST/ZIP/CO: CHICAGO, IL 60613	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	RON RUCKERT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1113 NORFOLK AVE		
CITY/ST/ZIP/CO:	WESTCHESTER, IL 60154		

NAME:	LOURDES DELGADO-SERRANO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9822 W LAMPLIGHTER LANE		
CITY/ST/ZIP/CO:	HANNA CITY, IL 61536		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ELIZABETH SCHOMBURG	ELIZABETH SCHOMBURG, SR	9/6/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VP/TREASURER PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.