

1.) CORPORATION NAME: <b>TRINITY CREDIT COUNSELING, INC.</b>	DUE DATE: <b>5/31/2015</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</b>	SCC ID NO: <b>F1628124</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>OH</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11229 READING RD  
CITY/ST/ZIP: CINCINNATI, OH 45241

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: GARY VOSICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: PRESIDENT			
ADDRESS: 11229 READING RD			
CITY/ST/ZIP/CO: CINCINNATI, OH 45241			

NAME: CAROLE LEONARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
TITLE: SECRETARY			
ADDRESS: 11229 READING RD			
CITY/ST/ZIP/CO: CINCINNATI, OH 45241			

NAME: ORVILLE ROBINSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: DIRECTOR			
ADDRESS: 1004 COLUMBUS AVE			
CITY/ST/ZIP/CO: LEBANON, OH 45036			

NAME: RANDALL WHEELER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: DIRECTOR			
ADDRESS: 840 MILLER RD			
CITY/ST/ZIP/CO: LEBANON, OH 45036			

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/ GARY VOSICK	GARY VOSICK, PRESIDENT	4/30/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.