

1.) CORPORATION NAME: **SPRINGBOARD NONPROFIT CONSUMER CREDIT MANAGEMENT, INC.** DUE DATE: **10/31/2014**
 SCC ID NO: **F1646480**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **REGISTERED AGENT SOLUTIONS, INC.
 7288 HANOVER GREEN DRIVE
 MECHANICSVILLE, VA** 5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:
CA

6.) PRINCIPAL OFFICE ADDRESS:
 ADDRESS: 4351 LATHAM ST
 CITY/ST/ZIP: RIVERSIDE, CA 92501

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: TODD EMERSON TITLE: PRES/CEO ADDRESS: 4351 LATHAM ST CITY/ST/ZIP/CO: RIVERSIDE, CA 92501	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ETHAN A HORN TITLE: TREASURER ADDRESS: 111 CORPORATE DRIVE SUITE 225 LADERA RANCH, CA 92694	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: MEREDITH CHILLEMI TITLE: SECRETARY ADDRESS: 4041 BRIDGE STREET FAIR OAKS, CA 95628	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: CURTIS PARADZICK TITLE: VICE CHAIRMAN ADDRESS: 3530 VOYAGER STREET TORRANCE, CA 90503	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: STEVENS WRIGHT TITLE: CHAIRMAN ADDRESS: 19 LAURELHURST DR LADERA RANCH, CA 92694	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: STACIE ANCTIL TITLE: DIRECTOR ADDRESS: 840 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: STEVEN CLARK TITLE: DIRECTOR ADDRESS: 300 NORTHFIELD ROAD CITY/ST/ZIP/CO: BEDFORD, OH 44146	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MIKE FRASCHILLA TITLE: DIRECTOR ADDRESS: 1000 UNION AVENUE CITY/ST/ZIP/CO: FAIRFIELD, CA 94533	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DENIS GITSCHIER TITLE: DIRECTOR ADDRESS: 27 VERSAILLES CITY/ST/ZIP/CO: NEWPORT COAST, CA 92657	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SONNY SARABIA TITLE: DIRECTOR ADDRESS: 3311 EAST SLAUSON AVENUE CITY/ST/ZIP/CO: VERNON, CA 90058	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ TODD EMERSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TODD EMERSON, PRES/CEO PRINTED NAME AND CORPORATE TITLE	10/24/2014 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.		