

1.) CORPORATION NAME:

Consumer Credit Counseling Service of the Midwest, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
NATIONAL REGISTERED AGENTS INC
4001 North Ninth Street, Suite 227
ARLINGTON, VA 22203**

DUE DATE: **7/31/2011**

SCC ID NO: **F1760703**

5.) STOCK INFORMATION

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

4.) STATE OR COUNTRY OF INCORPORATION:
OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4500 EAST BROAD STREET

CITY/ST/ZIP: COLUMBUS, OH 43213-

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: THOMAS BAKER
TITLE: DIRECTOR
ADDRESS: BAKER COMMUNICATIONS
128 EAST REYNOLDS RD STE 201
CITY/ST/ZIP/CO: LEXINGTON, KY 40517-1254

OFFICER DIRECTOR

NAME: JAY E MICHAEL
TITLE: DIRECTOR
ADDRESS: 729 S FRONT ST
CITY/ST/ZIP/CO: COLUMBUS, OH 43206-

OFFICER DIRECTOR

NAME: JOHNNY CANTRELL
TITLE: VICE PRESIDENT
ADDRESS: 2265 HARRODSBURG RD.
SUITE 303
CITY/ST/ZIP/CO: LEXINGTON, KY 40504-

OFFICER DIRECTOR

NAME: MICHAEL KAPPAS
TITLE: PRESIDENT
ADDRESS: 4500 E BROAD STREET
CITY/ST/ZIP/CO: COLUMBUS, OH 43213-

OFFICER DIRECTOR

NAME: JAMES ZEIER
TITLE: VP/CFO
ADDRESS: 4500 E BROAD STREET
CITY/ST/ZIP/CO: COLUMBUS, OH 43213-

OFFICER DIRECTOR

NAME:	MOREEN BAILEY FRATER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3001 EUCLID AVE		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44115-		
NAME:	SHARON HUGHES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1420 FIFTH ST 8TH FLOOR		
CITY/ST/ZIP/CO:	SEATTLE, WA 98101-		
NAME:	MICHAEL OSBORNE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2123 N. MERIDIAN ST		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46202-		
NAME:	DAVID WEISS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2217 EAST 9TH ST SUITE 200		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44115-		
NAME:	RICHARD C BELTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	4150 E 5TH AVE.		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43219-		
NAME:	PHILLIP L YOUNGS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 419226		
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64141-		
NAME:	PRESTON L HAMMOND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 3707 M/C 52-07		
CITY/ST/ZIP/CO:	SEATTLE, WA 98124-		
NAME:	FREDERICK H HEYSE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8524 ST. IVES PL.		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45255-		
NAME:	TERESA HOLLAND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	YAKIMA VALLEY COMM. COLL. NOB HILL BLVD		
CITY/ST/ZIP/CO:	YAKIMA, WA 98902-		
NAME:	CHRISTOPHER J KALLAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Sec/Treas		
ADDRESS:	4500 E BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43213-		

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.

<u>/s/ CHRISTOPHER J KALLAY</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CHRISTOPHER J KALLAY,</u> <u>Sec/Treas</u> PRINTED NAME AND CORPORATE TITLE	<u>7/6/2011</u> DATE
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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.