

1.) CORPORATION NAME:

**CONSUMER CREDIT COUNSELING SERVICE OF
ROCHESTER, INC.**

DUE DATE: **1/31/2013**

SCC ID NO: **F1846890**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PARACORP INCORPORATED
12610 LAKE NORMANDY LN
FAIRFAX, VA 22030**

5.) STOCK INFORMATION

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

FAIRFAX CITY (FILED IN FAIRFAX COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 UNIVERSITY AVE
STE 900

CITY/ST/ZIP: ROCHESTER, NY 14607-1286

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: STEVE PHILLIPS TITLE: PRESIDENT ADDRESS: 1282 LONG POND RD CITY/ST/ZIP/CO: ROCHESTER, NY 14626	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EDWARD SARESKY TITLE: VICE PRESIDENT ADDRESS: 108 S UNION ST CITY/ST/ZIP/CO: ROCHESTER, NY 14607	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FRANKLYN REYNOLDS TITLE: SECRETARY ADDRESS: 89 EAST AVE CITY/ST/ZIP/CO: ROCHESTER, NY 14604	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TERRY ALLENBRANDT TITLE: TREASURER ADDRESS: 10 BENTON PL CITY/ST/ZIP/CO: SODUS, NY 14551	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JASON TRACY TITLE: CEO ADDRESS: 1000 UNIVERSITY AVENUE SUITE 900 CITY/ST/ZIP/CO: ROCHESTER, NY 14607	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DON ADAIR TITLE: DIRECTOR ADDRESS: 290 LINDEN OAKS SUITE 220 CITY/ST/ZIP/CO: ROCHESTER, NY 14625	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	AMELIA BLAKE-DOWDLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3300 DEWEY AVE		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14616		
NAME:	LOMAX CAMPBELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	125 TECH PARK DRIVE		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14623		
NAME:	JACK CHRISTNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	225 CHESTNUT STREET		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14604		
NAME:	MONICA GUARDINO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	50 PRINCE STREET		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14607		
NAME:	STEVE LASALLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	165 COURT STREET		
CITY/ST/ZIP/CO:	5TH FLOOR ROCHESTER, NY 14647		
NAME:	PHILLIP TYLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	205 VAN VOORHIS ROAD		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14534		
NAME:	ANDREW VERGO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	246 PARKVIEW DRIVE		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14625		
NAME:	STEVE YOUNG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	764 CROSS KEYS OFFICE PARK		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14450		
NAME:	Jason Tracy	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	1000 University Avenue		
CITY/ST/ZIP/CO:	Suite 900 Rochester, NY 14607		

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/ Jason Tracy	Jason Tracy, CEO	2/27/2013
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.