

No. <b>C 161675</b>		<b>Due no later than Jul 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		BUSINESS FILINGS INCORPORATED 921 S ORCHARD ST STE G BOISE ID 83705			
		<b>1. Mailing Address: Correct in this box if needed.</b> FAMILY CREDIT COUNSELING SERVICE, INC. MICHAEL J MCAULIFFE 4304-06 CHARLES ST ROCKFORD IL 61108		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MICHAEL J MCAULIFFE	4304-06 CHARLES STREET	ROCKFORD	IL	USA	61108	
SECRETARY	CURTIS E GALLOWAY	4304-06 CHARLES STREET	ROCKFORD	IL	USA	61108	
DIRECTOR	RON RUCKERT	1113 NORFOLK AVENUE	WESTCHESTER	IL	USA	60154	
DIRECTOR	CAROL PARLIN	3950 N LAKE SHORE DRIVE #1301	CHICAGO	IL	USA	60613	
DIRECTOR	LORETTA DALY	123 MADISON STREET	OAK PARK	IL	USA	60302	
DIRECTOR	ARTHUR L CRONEY	259 ORTEGA DRIVE	NEWBURY PARK	CA	USA	91320	
TREASURER	ELIZABETH A SCHOMBURG	4304-06 CHARLES STREET	ROCKFORD	IL	USA	61108	
DIRECTOR	LOURDES J DELGADO-SERRANO	420 NE GLEN OAK AVENUE	PEORIA	IL	USA	61637	
5. Organized Under the Laws of: <b>IL</b> <b>C 161675</b>		6. Annual Report must be signed.* Signature: Michael J. McAuliffe Name (type or print): Michael J. McAuliffe				Date: 07/05/2016 Title: President	
Processed 07/05/2016		* Electronically provided signatures are accepted as original signatures.					