

No. <b>C 140226</b>		Due no later than Aug 31, 2016 <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b> ALLIANCE CREDIT COUNSELING, INC. KERRY P PORTER 15720 BRIXHAM HILL AVE #575 CHARLOTTE NC 28277		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705		
				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	KEVIN P PORTER	4335 PIPER GLENN DR	CHARLOTTE	NC	USA	28277
DIRECTOR	DOUGLASS C COLBERT	4002 BEAVERBROOK DR	INDIAN TRAIL	NC	USA	28079
DIRECTOR	DR. PAMELA R TURNER, PH.D	120 BRECKENRIDGE LN	ATHENS	GA	USA	30606
DIRECTOR	J. KEVIN TOOMB	4519 CROWN VISTA DR	CHARLOTTE	NC	USA	28269
DIRECTOR	CHARLES E OLIPHANT	6558 CROSSFIELD LN	CHARLOTTE	NC	USA	28226
TREASURER	KERRY P PORTER	11914 SOUTHCREST LN	PINEVILLE	NC	USA	28134
SECRETARY	SCOTT HANNAY	11416 FOGGY BANK LN	CHARLOTTE	NC	USA	28214
5. Organized Under the Laws of:  <b>NC C 140226</b>		6. Annual Report must be signed.* Signature: Kerry P Porter Name (type or print): Kerry P Porter Date: 07/08/2016 Title: Controller/Treasurer				
Processed 07/08/2016		* Electronically provided signatures are accepted as original signatures.				