

No. <b>C 140226</b>		<b>Due no later than Aug 31, 2016</b> <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>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			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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 CROWNVISTA 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</b> <b>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.							