

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006802

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Entity Name:** PROJECT: RETURN TO WORK INC.

**Current Principal Place of Business:**

4730 WALNUT STREET  
SUITE 108  
BOULDER, CO 80301

**New Principal Place of Business:**

4845 PEARL E. CIRCLE  
SUITE 101  
BOULDER, CO 80301

**Current Mailing Address:**

P.O. BOX 19381  
SUITE 108  
BOULDER, CO 80308

**New Mailing Address:**

**FEI Number:** 94-3317507

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRAZELL, ROB  
3121 KINGSTON  
PORT CHARLOTTE, FL 33952 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: BRAZELL, ROB  
Address: 3121 KINGSTON  
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBIN BRAZELL

PRES

01/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date