

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006230

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: NATIONAL OLDER WORKER CAREER CENTER, INC.

## Current Principal Place of Business:

3811 NORTH FAIRFAX DRIVE STE 900  
ARLINGTON, VA 22203

## New Principal Place of Business:

3811 NORTH FAIRFAX DRIVE  
SUITE 900  
ARLINGTON, VA 22203

## Current Mailing Address:

3811 NORTH FAIRFAX DRIVE STE 900  
ARLINGTON, VA 22203

## New Mailing Address:

3811 NORTH FAIRFAX DRIVE  
SUITE 900  
ARLINGTON, VA 22203

FEI Number: 52-2003078

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PCEO ( ) Delete  
Name: MERRILL, GREGORY A  
Address: 3811 NORTH FAIRFAX DRIVE STE 900  
City-St-Zip: ARLINGTON, VA 22203

Title: C ( ) Delete  
Name: LAUGHLEY, CYNTHIA  
Address: 601 E ST NW  
City-St-Zip: WASHINGTON, DC 20049

Title: VC ( ) Delete  
Name: HURD, FRANK K  
Address: 730 COLLEGE DRIVE  
City-St-Zip: DALTON, GA 30720

Title: ST ( ) Delete  
Name: RESSLER, ALTON  
Address: 7318 S. VIEW CT.  
City-St-Zip: FAIRFAX STATION, VA 22039

Title: D ( ) Delete  
Name: STEARNS, W. JOSEPH  
Address: 73 MONTERREY ROAD  
City-St-Zip: MONTGOMERY, TX 77356

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: HOLLAND, TERESA  
Address: P.O.BOX 976  
City-St-Zip: CHAPPAQUA, NY 10514

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GREGORY A. MERRILL

PRES

03/02/2009

Electronic Signature of Signing Officer or Director

Date