

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006230

FILED
Mar 17, 2011
Secretary of State

Entity Name: NATIONAL OLDER WORKER CAREER CENTER, INC.

Current Principal Place of Business:

3811 NORTH FAIRFAX DRIVE
SUITE 900
ARLINGTON, VA 22203

New Principal Place of Business:

Current Mailing Address:

3811 NORTH FAIRFAX DRIVE
SUITE 900
ARLINGTON, VA 22203

New Mailing Address:

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
Name: MERRILL, GREGORY A
Address: 3811 NORTH FAIRFAX DRIVE STE 900
City-St-Zip: ARLINGTON, VA 22203

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

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

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

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

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

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: GREGORY A. MERRILL

PRES

03/17/2011

Electronic Signature of Signing Officer or Director

Date