## **FILED** Feb 26, 1999 8:00 am § Secretary of State

02-26-1999 90004 003 \*\*\*\*61.25

## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT #    | F98000003511  |
|---------------|---------------|
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1. Corporation Name

EMPLOY-ABILITY UNLIMITED, INC.

| Principal Place of Business |      |     |
|-----------------------------|------|-----|
| 5555 PARKCENTER CIRCLE.     | STE. | 200 |
| DUBLIN OH 43017             |      |     |

Mailing Address

5555 PARKCENTER CIRCLE. STE. 200 **DUBLIN OH 43017** 

| 2. Principal Pl | incipal Place of Business 2a. Mailing Address       |                                       |                     | 3. Date Incorporated or Qualifed                      |  |                                   |  |  |
|-----------------|---|---------------------------------------|---------------------|---|--|-----------------------------------|--|--|
| 21              |   | 26                                    |                     |   | 06/19/1998   |                                   |  |  |
| Suite, Apt.     | #, etc.   | Suite, Apt. #, etc.                   | Suite, Apt. #, etc. |   | 4. FEI Number  | Applied For                       |  |  |
| 22              |   | 27                                    |                     |   | 31=1464800   | Not Applicable                    |  |  |
| City & State    | e   | City & State                          |                     |   | 5. Certifcate of Status Desired                          | \$8.75 Additional<br>Fee Required |  |  |
| 23 7in          | Country   | Zip                                   | Count               | ······································                | 6. Election Campaign Financing                           | \$5.00 May Be                     |  |  |
| Zip             | 25  | 29                                    | 30                  | ,   | Trust Fund Contribution                                  | Added to Fees                     |  |  |
| 24              | 9. Name and Address of Curren                       | 1                                     | 30                  |   | 10. Name and Address of New Registered                   |                                   |  |  |
|                 | o. Name and Address of Carlott                      | t regionales Agoin                    | 8                   | 1 Name  |  |                                   |  |  |
| CORROR          | ATION SERVICE COMPANY                               |                                       | L                   |   | (0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0                 |                                   |  |  |
|                 | CORPORATION SERVICE COMPANY 1201 HAYS STREET        |                                       |                     | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                                   |  |  |
|                 | SSEE FL 32301-2525                                  |                                       | 8                   | 3   |  | •                                 |  |  |
| IALLADA         | 53EE FL 32301-2323                                  |                                       | L                   |   |  |                                   |  |  |
|                 |   |                                       | 8                   | 4 City  | FL   | 85 Zip Code                       |  |  |
| 11 Durement     | to the provisions of Sections 617 050               | 2 and 617 1508 Florida Statut         | es, the abo         | ve-named  | corporation submits this statement for the purpose of    | changing its registered           |  |  |
| office or r     | egistered agent, or both, in the State :            | of Florida. Such change was a         | uthorized b         | y the corp  | oration's board of directors. I hereby accept the appoin | ntment as registered              |  |  |
| agent. I a      | m familiar with, and accept the obligat             | tions of, Section 617.0503, Flo       | nda Statute         | es.   |  |                                   |  |  |
| SIGNATURE       | Signature, typed or printed name of registered agen | t and title if avallable (NOTE        | · Pagistered Ad     | ent signature r                                       | required when reinstating) DATE                          |                                   |  |  |
| 12.             | OFFICERS AN   | · · · · · · · · · · · · · · · · · · · | 13.                 |   | ADDITIONS/CHANGES TO OFFICERS AN                         | D DIRECTORS IN 12                 |  |  |
| TITLE           | P   | ☐ DELETE                              | 1.1 TITLE           |   |  | ☐ Change ☐ Addition               |  |  |
| NAME            | MULLARKEY, JAMES                                    |                                       | 1.2 NAME            |   |  |                                   |  |  |
| STREET ADDRESS  | 5555 PARKCENTER CIRCLE, S                           | TE. 200                               |                     | ET ADDRESS  |  |                                   |  |  |
| CITY-ST-ZIP     | DUBLIN OH 43017                                     |                                       | 1,4 CITY-           |   |  |                                   |  |  |
| TITLE           | S   | ☐ DELETE                              | 2.1 TITLE           |   |  | ☐ Change ☐ Addition               |  |  |
| NAME            | STURTZ, ANNE M                                      |                                       | 2.2 NAM             |   |  |                                   |  |  |
| STREET ADDRESS  | FEEE DADVOCATED CIDCLE STE 200                      |                                       | 2.3 STRE            | ET ADORESS  |  |                                   |  |  |
| CITY-ST-ZIP     |   |                                       | 2. 4 CITY           | -ST-ZIP   |  | <u> </u>                          |  |  |
| TITLE           | T   | ☐ DELETE                              | 3.1 TITLE           |   |  | ☐ Change ☐ Addition               |  |  |
| NAME            | KING, KEVIN H                                       |                                       | 3.2 NAMI            | <b>.</b>  |  |                                   |  |  |
| STREET ADDRESS  | 5555 PARKCENTER CIRCLE, S                           | TE. 200                               | 3.3 STRE            | ET ADDRESS  |  |                                   |  |  |
| CITY-ST-ZIP     | DUBLIN OH 43017                                     |                                       | 3.4. CITY           | -ST-ZIP   |  |                                   |  |  |
| TITLE           |   | ☐ DELETE                              | 4.1 TITLE           |   |  | ☐ Change ☐ Addition               |  |  |
| NAME            |   |                                       | 4. 2 NAM            | E   |  |                                   |  |  |
| STREET ADDRESS  |   |                                       | 4.3 STRE            | ET ADDRESS  | 1  |                                   |  |  |
| CITY-ST-ZIP     |   |                                       | 4.4 CITY            | ·ST-ZIP   |  |                                   |  |  |
| TITLE           |   | ☐ DELETE                              | 5.1 TITLE           |   |  | ☐ Change ☐ Addition               |  |  |
| NAME            |   |                                       | 5.2 NAMI            | Ē   |  |                                   |  |  |
| STREET ADDRESS  |   |                                       | 5.3 STRE            | ET ADDRESS  |  |                                   |  |  |
| CITY-ST-ZIP     |   | 41                                    | 5.4 CITY            |   |  |                                   |  |  |
| TITLÉ           |   | ☐ DELETE                              | 6.1 TITLE           |   |  | Change Addition                   |  |  |
| NAME            |   |                                       | 6.2 NAM             | •   |  |                                   |  |  |
| STREET ADDRESS  |   |                                       | 6.3 STRE            | ET ADDRESS  |  |                                   |  |  |
| ı               |   |                                       | 64 CITY             | מול דם  |  |                                   |  |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.