2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# G52602

Entity Name: EMPLOYEE MANAGEMENT SERVICES III, INC.

Current Principal Place of Business:

435 ELM STREET
SUITE 300
CINCINNATI, OH 452022644

New Principal Place of Business:

Current Mailing Address:

435 ELM STREET
SUITE 300 ATTN: LEGAL DEPT
CINCINNATI, OH 452022644

New Mailing Address:

FEI Number: 59-2319525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BROWN, ROBERT L
Address: 435 ELM STREET STE 300
City-St-Zip: CINCINNATI, OH 45202

Title: CFO ( ) Delete
Name: AGLINSKY, WILLIAM E
Address: 435 ELM ST., STE. 300
City-St-Zip: CINCINNATI, OH 45202

Title: V ( ) Delete
Name: KOHNKE, FREDRICK L
Address: 435 ELM ST., SUITE 300
City-St-Zip: CINCINNATI, OH 45202

Title: AS ( ) Delete
Name: BERNARD, KATHRYN
Address: 435 ELM ST., SUITE 300
City-St-Zip: CINCINNATI, OH 45202

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: VP&C ( ) Change (X) Addition
Name: PROSPERO, JENNIFER L
Address: 435 ELM ST., SUITE 300
City-St-Zip: CINCINNATI, OH 45202

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM GREEN TAX 04/27/2009

Electronic Signature of Signing Officer or Director — Date