2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
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
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

OFFICERS AND DIRECTORS:

Title: P
Name: FRANCIS, LESA
Address: 435 ELM STREET STE 300
City-St-Zip: CINCINNATI, OH 45202

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

Title: CP
Name: LICKERT, LISA
Address: 435 ELM ST., SUITE 300
City-St-Zip: CINCINNATI, OH 45202

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

Title: VP&C
Name: PROSPERO, JENNIFER L
Address: 435 ELM ST., SUITE 300
City-St-Zip: CINCINNATI, OH 45202

Title: CTA
Name: MILLER, ANDREW
Address: 435 ELM ST., STE 300
City-St-Zip: CINCINNATI, OH 45202

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

SIGNATURE: ANDREW MILLER CTA 04/24/2012

Electronic Signature of Signing Officer or Director Date