

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35271

FILED
Apr 26, 2007
Secretary of State

Entity Name: EMPLOYERS RESOURCE MANAGEMENT COMPANY

Current Principal Place of Business:

1301 S. VISTA AVENUE
STE. 200
BOISE, ID 83705 US

New Principal Place of Business:

Current Mailing Address:

1301 S. VISTA AVENUE
STE. 200
BOISE, ID 83705 US

New Mailing Address:

FEI Number: 54-1340867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORP. DIRECT AGENTS
515 E. PARK AVE.
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: CEO () Delete
Name: GERSEMA, GEORGE
Address: 1301 S. VISTA AVENUE, STE. 200
City-St-Zip: BOISE, ID 83705

Title: SECT () Delete
Name: GERSEMA, DOUGLAS
Address: 1301 S. VISTA AVENUE, STE. 200
City-St-Zip: BOISE, ID 83705

Title: SVP () Delete
Name: O'LEARY, RAY
Address: 3535 SOUTH WOODLAND CIRCLE
City-St-Zip: QUINTON, VA 23141

Title: DIR () Delete
Name: GERSEMA, MARY
Address: 1301 S. VISTA AVENUE, STE. 200
City-St-Zip: BOISE, ID 83705

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:

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: DOUGLAS W GERSEMA

SECT

04/26/2007

Electronic Signature of Signing Officer or Director

Date