

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000089892

Entity Name: KFORCE TRAINING SYSTEMS INC.**Current Principal Place of Business:**1001 EAST PALM AVENUE
TAMPA, FL 33605**Current Mailing Address:**1001 EAST PALM AVENUE
TAMPA, FL 33605**FEI Number:** 46-4281028**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title DIRECTOR
Name LIBERATORE, JOSEPH J
Address 1001 EAST PALM AVENUE
City-State-Zip: TAMPA FL 33605

Title DIRECTOR, CHAIRMAN
Name KELLY, DAVID
Address 1001 EAST PALM AVENUE
City-State-Zip: TAMPA FL 33605

Title DIRECTOR, VP, TREASURER
Name GENSHINO-KELLY, JUDY
Address 1001 EAST PALM AVENUE
City-State-Zip: TAMPA FL 33605

Title VP
Name NICHOLS, SARA
Address 1001 EAST PALM AVENUE
City-State-Zip: TAMPA FL 33605

Title SECRETARY
Name SOTO, EDWIN
Address 1001 EAST PALM AVENUE
City-State-Zip: TAMPA FL 33605

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: EDWIN SOTO**SECRETARY****04/02/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date