

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000000093

Entity Name: CORPORATION FOR A SKILLED WORKFORCE, INC.**Current Principal Place of Business:**1100 VICTORS WAY
SUITE 10
ANN ARBOR, MI 48108**Current Mailing Address:**1100 VICTORS WAY
SUITE 10
ANN ARBOR, MI 48108 US**FEI Number:** 38-2991143**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 PRESIDENT, CEO
Name GOOD, LARRY A
Address 1100 VICTORS WAY
 SUITE 10
City-State-Zip: ANN ARBOR MI 48108

Title TREASURER, CFO
Name CAVANAUGH, SHERRI
Address 1100 VICTORS WAY
 SUITE 10
City-State-Zip: ANN ARBOR MI 48108

Title DIRECTOR
Name CARNIESHA, KWASHIE
Address 1100 VICTORS WAY
 SUITE 10
City-State-Zip: ANN ARBOR MI 48108

Title DIRECTOR
Name GREENE, TODD
Address 156 MILDRED STREET, SW
City-State-Zip: ATLANTA GA 30314

Title SECRETARY
Name CHARLTON, DEBORA
Address 1100 VICTORS WAY
 SUITE 10
City-State-Zip: ANN ARBOR MI 48108

Title DIRECTOR
Name SNYDER, NANCY
Address 12 RUSTIC ROAD
City-State-Zip: WEST ROXBURY MA 02132

Title DIRECTOR
Name WEATHERFORD, NANCY
Address 408 WEST KILBUCK STREET
City-State-Zip: TECUMSEH MI 49286

Title DIRECTOR
Name RODRIGUEZ, JULIO
Address 6007 N. SHERIDAN
 APT. 5C
City-State-Zip: CHICAGO IL 60660

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

SIGNATURE: DEBORA CHARLTON**SECRETARY****04/18/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CAWTHORNE GAINES, ALEXANDRA
Address 1333 H STREET NW,
10TH FLOOR
City-State-Zip: WASHINGTON DC 20005

Title DIRECTOR
Name NUNN, RODERICK
Address 5600 OAKLAND AVE
City-State-Zip: ST. LOUIS MO 63110

Title DIRECTOR
Name SIMON, MARTIN
Address 1100 VICTORS WAY
SUITE 10
City-State-Zip: ANN ARBOR MI 48108

Title DIRECTOR
Name REED, JOSEPH
Address 2333 ALUMNI PARK PLAZA
SUITE 300
City-State-Zip: LEXINGTON KY 40517

Title DIRECTOR
Name GALLAHER, JAMES
Address 4600 SUNSET AVE
City-State-Zip: INDIANAPOLIS IN 46208