

2021 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	DIRECTOR
Name	HINS-TURNER, BARBARA
Address	12801 NE 8TH PLACE
City-State-Zip:	VANCOUVER WA 98684

Title	PRESIDENT, CEO
Name	GOOD, LARRY A
Address	1100 VICTORS WAY SUITE 10
City-State-Zip:	ANN ARBOR MI 48108

Title	SECRETARY
Name	CHARLTON, DEBORA
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	KING, CHRISTOPHER T.
Address	3001 LAKE AUSTIN BOULEVARD SUITE 3.200
City-State-Zip:	AUSTIN TX 78703

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

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

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

Continues on page 2

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****04/27/2021**_____
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 REED, JOSEPH
Address 2333 ALUMNI PARK PLAZA
SUITE 300
City-State-Zip: LEXINGTON KY 40517

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

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

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

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

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