

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004849

Entity Name: SKILL SURVEY, INC.**Current Principal Place of Business:**565 E SWEDES FORD ROAD STE 315
WAYNE, PA 19087**Current Mailing Address:**PO BOX 60568
KING OF PRUSSIA, PA 19406**FEI Number: 23-3083018****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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	D
Name	DAVISON, JEFFREY
Address	565 E SWEDES FORD ROAD STE 315
City-State-Zip:	WAYNE PA 19087

Title	D
Name	GOODMAN, EDWIN
Address	565 E SWEDES FORD ROAD STE 315
City-State-Zip:	WAYNE PA 19087

Title	D
Name	FAULK, RICHARD
Address	565 E SWEDES FORD ROAD STE 315
City-State-Zip:	WAYNE PA 19087

Title	D
Name	KAUFMAN, MICHAEL
Address	565 E SWEDES FORD ROAD STE 315
City-State-Zip:	WAYNE PA 19087

Title	DP
Name	BIXLER, RAY
Address	565 E SWEDES FORD ROAD STE 315
City-State-Zip:	WAYNE PA 19087

Title	CFO
Name	NOREK, MARK
Address	565 E SWEDES FORD ROAD STE 315
City-State-Zip:	WAYNE PA 19087

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: MARK NOREK**CFO****06/14/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date