

1.) CORPORATION NAME:

The Center for Workforce Development, Inc.

DUE DATE: **9/30/2011**

SCC ID NO: **06657191**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 45342 GABLE SQUARE

CITY/ST/ZIP: STERLING, VA 20164-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ARLENE T BALLOU
TITLE: EX DIR
ADDRESS: 45342 GABLE SQ
CITY/ST/ZIP/CO: STERLING, VA 20164-

OFFICER

DIRECTOR

NAME: SUZANNE BROOKS
TITLE: SECRETARY
ADDRESS: 6001 ARLINGTON BLVD #420
CITY/ST/ZIP/CO: FALLS CHURCH, VA 22044-

OFFICER

DIRECTOR

NAME: DAVID DUPUY
TITLE: CHAIR OF BOARD
ADDRESS: 240 1ST AVENUE
CITY/ST/ZIP/CO: NEW YORK, NY 10009-

OFFICER

DIRECTOR

NAME: THERESA RYAN
TITLE: DIRECTOR
ADDRESS: 45342 GABLE SQ
CITY/ST/ZIP/CO: STERLING, VA 20164-

OFFICER

DIRECTOR

NAME: DEBORAH LARAMEE
TITLE: PRESIDENT
ADDRESS: 14604 WOODSPRING COURT
CITY/ST/ZIP/CO: CENTREVILLE, VA 20120-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ ARLENE T BALLOU</u>	<u>ARLENE T BALLOU, EX DIR</u>	<u>10/7/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.