

1.) CORPORATION NAME:

National Older Worker Career Center, Inc.

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GREGORY A MERRILL
3811 N FAIRFAX DR #900
ARLINGTON, VA**

SCC ID NO: **F1550187**

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:

DC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3811 N FAIRFAX DR
#900

CITY/ST/ZIP: ARLINGTON, VA 22203

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:	GREGORY A MERRILL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	3811 NORTH FAIRFAX DRIVE #900		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203		
NAME:	JUDITH MURRAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CORP SECRETARY		
ADDRESS:	6031 JOUST LN		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22315		
NAME:	GERMAN VANEGAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	4313 N. 39TH STREET		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22207		
NAME:	FRANK K HURD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	POB 2048		
CITY/ST/ZIP/CO:	DALTON, GA 30722		
NAME:	CYNTHIA LANGLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	620 A STREET NE		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20002		
NAME:	ED FLYNN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6016 1ST STREET		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22202		

NAME: TERESA HOLLAND TITLE: DIRECTOR ADDRESS: 15 COLONY RD CITY/ST/ZIP/CO: CHAPPAQUA, NY 10514	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOSEPH STEARNS TITLE: DIRECTOR ADDRESS: 1083 HERNAGE CREEK RD CITY/ST/ZIP/CO: EAGLE, CO 81631	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ELLEN TUNSTALL TITLE: DIRECTOR ADDRESS: 1101 S. ARLINGTON RIDGE RD #909 CITY/ST/ZIP/CO: ARLINGTON, VA 22202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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.		
/s/ JUDITH MURRAY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JUDITH MURRAY, CORP SECRETARY PRINTED NAME AND CORPORATE TITLE	5/3/2013 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.		