

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214520833

1.) CORPORATION NAME:

National Older Worker Career Center, Inc.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F1550187**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

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:	CAROLINE ESPREE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Director HR		
ADDRESS:	3811 N. Fairfax Street, Suite 900		
CITY/ST/ZIP/CO:	Arlington, VA 22203		

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/ CAROLINE ESPREE	CAROLINE ESPREE, Director HR	4/22/2014
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.		