

1.) CORPORATION NAME: Corporation for a Skilled Workforce	DUE DATE: 6/30/2012
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802	SCC ID NO: F1863408
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: MI	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1100 VICTORS WAY STE 10
CITY/ST/ZIP: ANN ARBOR, MI 48108

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: JEANNINE M LA PRAD TITLE: P/CEO ADDRESS: 100 VICTORS WAY STE 10 CITY/ST/ZIP/CO: ANN ARBOR, MI 48108	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: LARRY A GOOD TITLE: CHAIRMAN ADDRESS: 1100 VICTORS WAY STE 10 CITY/ST/ZIP/CO: ANN ARBOR, MI 48108	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: DICK AGINIAN TITLE: DIRECTOR ADDRESS: 1100 VICTORS WAY STE 10 CITY/ST/ZIP/CO: ANN ARBOR, MI 48108	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: NANCY WEATHERFORD TITLE: DIRECTOR ADDRESS: 1100 VICTORS WAY STE 10 CITY/ST/ZIP/CO: ANN ARBOR, MI 48108	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ JEANNINE M LA PRAD	JEANNINE M LA PRAD, P/CEO	6/5/2012
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.