

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214530858

1.) CORPORATION NAME:

**Corporation for a Skilled Workforce**

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: **F1863408**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

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: PRESIDENT  
ADDRESS: 2258 PETERS ROAD  
CITY/ST/ZIP/CO: ANN ARBOR, MI 48103

OFFICER

DIRECTOR

NAME: DAVID K. LIVINGSTON  
TITLE: TREASURER  
ADDRESS: 26957 NORTHWESTERN HWY, SUITE 400  
CITY/ST/ZIP/CO: SOUTHFIELD, MI 48033

OFFICER

DIRECTOR

NAME: JOHN WISE  
TITLE: SECRETARY  
ADDRESS: 450 WEST FOURTH STREET  
CITY/ST/ZIP/CO: ROYAL OAK, MI 48067

OFFICER

DIRECTOR

NAME: LARRY A GOOD  
TITLE: CHAIRMAN  
ADDRESS: 1100 VICTORS WAY STE 10  
CITY/ST/ZIP/CO: ANN ARBOR, MI 48108

OFFICER

DIRECTOR

NAME: NANCY L. SNYDER  
TITLE: DIRECTOR  
ADDRESS: 529 MAIN STREET, SUITE 110c  
CITY/ST/ZIP/CO: BOSTON, MA 02129

OFFICER

DIRECTOR

NAME: NORMA NOBLE  
TITLE: DIRECTOR  
ADDRESS: 900 N. STILES AVENUE  
CITY/ST/ZIP/CO: OKLAHOMA CITY, OK 73104

OFFICER

DIRECTOR

NAME:	JIM PIZZIMENTI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	17258 STONEBROOK DRIVE		
CITY/ST/ZIP/CO:	NORTHVILLE , MI 48167		
NAME:	JAMES GALLAHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1794 BROOKDALE DRIVE		
CITY/ST/ZIP/CO:	CANTON , MI 48188		
NAME:	DEBORA CHARLTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1100 VICTORS WA, SUITE 10		
CITY/ST/ZIP/CO:	ANN ARBOR, MI 48108		
NAME:	CHRISTOPHER T. KING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3001 LAKE AUSTIN BOULEVARD, SUITE 3.200		
CITY/ST/ZIP/CO:	AUSTIN , TX 78703		
NAME:	DONNA GAMBRELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	601 13TH STREET NW		
CITY/ST/ZIP/CO:	WASHINGTON , DC 20005		
NAME:	ANDREW BROWER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1436 WILCOX PARK DRIVE SE		
CITY/ST/ZIP/CO:	GRAND RAPIDS , MI 49506		
NAME:	SHERRI CAVANAUGH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1100 VICTORS WAY, SUITE 10		
CITY/ST/ZIP/CO:	ANN ARBOR , MI 48108		
NAME:	LINDA WEST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1508 CHATEAU PLACE		
CITY/ST/ZIP/CO:	DETROIT , MI 48207		
NAME:	NANCY WEATHERFORD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	408 WEST KILBUCK STREET		
CITY/ST/ZIP/CO:	TECUMSEH, MI 49286		
NAME:	JOHN WISE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	450 WEST FOURTH STREET		
CITY/ST/ZIP/CO:	ROYAL OAK, MI 48067		
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/ DAVID K. LIVINGSTON	DAVID K. LIVINGSTON ,	6/17/2014	
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.			