

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathen  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 31 AM 11:15

DOCUMENT # **810664** (3)

1. Corporation Name  
**KELLY SERVICES, INC.**

Principal Place of Business Mailing Address  
**999 W. BIG BEAVER TROY MI 48064** **999 W. BIG BEAVER TROY MI 48064**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/06/1955** 3a. Date of Last Report **04/12/1994**  
4. FEI Number **38-1510762** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent (required) (Type name of registered agent on separate sheet and attach to this report.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VGS	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTWIG, EUGENE L	12 NAME	
STREET ADDRESS	1320 COVINGTON RD	13 STREET ADDRESS	
CITY, ST, ZIP	BLOOMFIELD HILLS MI	14 CITY, ST, ZIP	
TITLE	SVP	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONER, ROBERT F., SR.	22 NAME	
STREET ADDRESS	3173 TUCKAHOE RD.	23 STREET ADDRESS	
CITY, ST, ZIP	BIRMINGHAM MI	24 CITY, ST, ZIP	
TITLE	SVP	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, ROBERT E.	32 NAME	
STREET ADDRESS	71 S. BERKSHIRE	33 STREET ADDRESS	
CITY, ST, ZIP	BLOOMFIELD HILLS MI	34 CITY, ST, ZIP	
TITLE	V	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIDGREN, RICHARD R.	42 NAME	
STREET ADDRESS	23253 ROBERT JOHN	43 STREET ADDRESS	
CITY, ST, ZIP	ST. CLAIR SHORE MI	44 CITY, ST, ZIP	
TITLE	COB	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, WILLIAM	52 NAME	
STREET ADDRESS	BOX 131	53 STREET ADDRESS	
CITY, ST, ZIP	BLOOMFIELD HILLS MI	54 CITY, ST, ZIP	
TITLE	PD	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDERLEY, TERENCE E.	62 NAME	
STREET ADDRESS	362 LONE PINE COURT	63 STREET ADDRESS	
CITY, ST, ZIP	BLOOMFIELD HILLS MI	64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee responsible to prepare the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an addition.

SIGNATURE: *[Signature]* Sr. Vice President, Chief Financial Officer & Controller/Treasurer 3/23/95 (810) 244-4277  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR