

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 810664 (3)

1. Corporation Name
KELLY SERVICES, INC.



Principal Place of Business 999 W. BIG BEAVER TROY MI 48064 US	Mailing Address 999 W. BIG BEAVER TROY MI 48064 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25 Country	30 Country

3. Date Incorporated or Qualified 12/06/1955	
4. FEI Number 38-1510762	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VGS	<input type="checkbox"/> DELETE
NAME	HARTWIG, EUGENE L	
STREET ADDRESS	1320 COVINGTON RD	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WIDGREN, RICHARD R.	
STREET ADDRESS	23253 ROBERT JOHN	
CITY-ST-ZIP	ST CLAIR SHORES MI	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	THOMPSON, ROBERT E.	
STREET ADDRESS	71 S. BERKSHIRE	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, WILLIAM R.	
STREET ADDRESS	4100 GALT OCEAN DR, APT 612	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ADDERLEY, TERENCE E.	
STREET ADDRESS	362 LONE PINE COURT	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	
TITLE	SVPC	<input type="checkbox"/> DELETE
NAME	GEIGER, PAUL K.	
STREET ADDRESS	214 LINDEN RD	
CITY-ST-ZIP	BIRMINGHAM MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V David W. Barthelmes
4.3 STREET ADDRESS	554 Bridge Park
4.4 CITY-ST-ZIP	Troy, MI 48098
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R. Anderson* Vice President, Finance 4/8/98 (248) 244-4277

CR2E034 (10/97)