PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 810664

1. Corporation Name

KELLY SERVICES, INC.

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Principal Place of Business Mailing Address									
999 W. BIG BEAVER 999 W. BIG BEAVER									
troy mi 48084 Us		TROY MI 48084 US				DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualifed 12/06/1955			
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address			4. FEI Number	Apı	plied For	
21		26				38-1510762		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
22		27					Fee Re	<u></u>	
City & State		City & State			6. Election Campaign Financing	\$5.00			
23		Zip Country			Trust Fund Contribution Added to Fees				
Zip Country		Zip	29 30			8. This corporation owes the current year Intangible Personal Property Tax. No			
24	9. Name and Address of Currer		<u>301</u>			10. Name and Address of New Registers			
	J. Italie and Addition of Curren	re registered rigoria	8	1 Name					
CT C	CORPORATION SYSTEM			0		(D.O. Day N has in Not Assessable)			
1200 S. PINE ISLAND ROAD			82	Stree	i Addre	ess (P.O. Box Number is Not Acceptable)			
Plan	NTATION FL 33324		83	3					
				4 00			. 85 Zip C	Codo	
			84	4 City		F	L S Z	,000	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was au	thonzed by	y the cor	d corpo poration	oration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its pointment as req	registered gistered	
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F				ent signature	required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	IDS IN 12	
12.	VGS OFFICERS AF	ND DIRECTORS *** DELETE	13.		Τ ς	SUDA L'A	Change	Addition	
TITLE	HARTWIG, EUGENE L	M DECENE	1.2 NAME		1 6	NILLIAM K. BERBER	<u></u>	~	
NAME	1320 COVINGTON RD			ET ADDRES	1 -	SIQ HARMON AVE.]	
STREET ADDRESS	BLOOMFIELD HILLS MI		1.4 CITY-		1 :	BIRMINGHAM, MI 48.	800	<u> </u>	
CITY-ST-ZIP	V		2.1 TITLE		+5	VP.S	Change	Addition	
NAME	WIDGREN, RICHARD R.	_	2.2 NAME			corbe M. Reardon		ļ	
STREET ADDRESS	23253 ROBERT JOHN	ì		ET ADDRES	3 3.	174 T. 1.1 TO # 1.1		}	
CITY-ST-ZIP	ST CLAIR SHORES MI		2.4 CITY-ST-ZIP		37	174 JOHN R #101			
TITLE	SDT	∑ DELETE	3.1 TITLE		T		Change	☐ Addition	
NAME	THOMPSON, ROBERT E.	• •	3.2 NAME						
STREET ADDRESS	71 S. BERKSHIRE		3.3 STRE	ET ADDRES:	3		•	1	
CITY-ST-ZIP	BLOOMFIELD HILLS MI		3.4. CITY	ST-ZIP					
TITLE	V	☐ DELETE	4.1 TITLE		ĺ		☐ Change	Addition	
NAME.	BARTHELMES, DAVID W		4.2 NAME	Ē	1			1	
STREET ADDRESS	554 BRIDGE PARK		4.3 STRE	ET ADDRES	s				
CITY-ST-ZIP	TROY MI 48098		4.4 CITY-						
TITLE	PD	☐ DĒLETE	5.1 T/TLE		Ì		Change	Addition	
NAME	ADDERLEY, TERENCE E.		5.2 NAME		_				
STREET ADDRESS	362 LONE PINE COURT		1	ET ADDRES	3 [{	
CITY-ST-ZIP	COOM ICCD THEO		5.4 CITY- 6.1 TITLE		+	,	Change	Addition	
TITLE	SVPC	X DELETE	6.2 NAME		X	Recory C. Morrow	□ change	Andrigon	
NAME	GEIGER, PAUL K.		O.E INTUIC	-	1 5	>~~~>~> ~ \ \ 1		í	

STREET ADDRESS 214 LINDEN RD
BIRMINGHAM MI

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, with all other like empowered.

CITY-ST-ZIP

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90119 039 ***150.00

- 2 (CRE) 23 (B) 61 (TEP) 6 (B) 18 (B) 1