

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

**FILED**  
**Apr 22 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # F95000002646 (6)**  
 1. Corporation Name  
**EXPRESS HUMAN RESOURCES, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>ONE FINANCIAL CENTRE<br/>         650 S. SHACKLEFORD, STE 141<br/>         LITTLE ROCK AR 72211</b> | Mailing Address<br><b>ONE FINANCIAL CENTRE<br/>         650 S. SHACKLEFORD, STE 141<br/>         LITTLE ROCK AR 72211</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |                 |                        |                 |   |                                       |
|---|-----------------|------------------------|-----------------|---|---------------------------------------|
| 2. Principal Place of Business  |                 | 2a. Mailing Address    |                 | 3. Date Incorporated or Qualified<br><b>06/01/1995</b>    |                                       |
| 21 Suite, Apt. #, etc.  | 22 City & State | 26 Suite, Apt. #, etc. | 27 City & State | 4. FEI Number<br><b>71-0747451</b>                        | Applied For<br>Not Applicable         |
| 23 Zip  | 24 Country      | 28 Zip                 | 29 Country      | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
| 9. Name and Address of Current Registered Agent   |                 |                        |                 | 10. Name and Address of New Registered Agent              |                                       |
| <b>C T CORPORATION SYSTEM<br/>                 1200 SOUTH PINE ISLAND ROAD<br/>                 PLANTATION FL 33324</b>   |                 |                        |                 | 81 Name   |                                       |
|   |                 |                        |                 | 82 Street Address (P.O. Box Number is Not Acceptable)     |                                       |
|   |                 |                        |                 | 83  |                                       |
|   |                 |                        |                 | 84 City   | 85 Zip Code<br><b>FL</b>              |
| 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 and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ELEY, REX</b>                           | 1.2 NAME  |   |
| STREET ADDRESS             | <b>ONE FINANCIAL CENTRE, STE 141</b>       | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>LITTLE ROCK AR</b>                      | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FUNK, ROBERT A</b>                      | 2.2 NAME  |   |
| STREET ADDRESS             | <b>6300 NW EXPRESSWAY</b>                  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>OKLAHOMA CITY OK</b>                    | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>STOLLER, WILLIAM</b>                    | 3.2 NAME  |   |
| STREET ADDRESS             | <b>621 SW MORRISON, SUITE 500</b>          | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PORTLAND OR</b>                         | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GILLOGLY, DAVID</b>                     | 4.2 NAME  |   |
| STREET ADDRESS             | <b>6300 NW EXPRESSWAY</b>                  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>OKLAHOMA CITY OK</b>                    | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>ST</b> <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>RICHARDS, TOM</b>                       | 5.2 NAME  |   |
| STREET ADDRESS             | <b>6300 NW EXPRESSWAY</b>                  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>OKLAHOMA CITY OK</b>                    | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>CFO</b> <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BLOUGH, DEBBIE E</b>                    | 6.2 NAME  |   |
| STREET ADDRESS             | <b>13819 NAPOLEON RD.</b>                  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>LITTLE ROCK AR 72211</b>                | 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.

CR2E034 (10/97)