2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Aug 15, 2000 8:00 am
Secretary of State
06-29-2000 90632 048 ***150.00
08-15-2000 90018 021 ***400.00

DOCUMENT # F98000001408

1. Entity Name

DATA PROCESSING RESOURCES CORPORATION

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
18301 VAN KERMAN 600 IRVINE CA 92612	18301 VAN KERMAN 600 IRVINE CA 92612-0188

2. Principal Place of Business	3. Mailing Address
31440 NORTHWESTERN Suite, Apt. #, etc.	31440 NORTHWESTERN Suite, Apt. #, etc.
City & State: FARM. HILLS, MI	City & State: FARM. HILLS, MI
Zip: 48334-2564 Country: U.S.A.	Zip: 48334-2564 Country: U.S.A.

4. FEI Number 95-3931443 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD WEAVER, MARY E 18301 VAN KORMAN -#600 IRVINE CA 92612	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ELIOT STARK 31440 NORTHWESTERN FARM. HILLS, MI 48334-2564	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CONNELL, DAVID M 18301 VAN KORMAN -#600 IRVINE CA 92612	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD THOMAS COSTELLO, JR. 31440 NORTHWESTERN FARM. HILLS, MI 48334-2564	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSCF ADAMS, JAMES F 18301 VAN KORMAN -#600 IRVINE CA 92612	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LAURA FOURNIER 31440 NORTHWESTERN FARM. HILLS, MI 48334-2564	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V EARLEY, RICHARD E 18301 VAN KORMAN -#600 IRVINE CA 92612	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SUITER, PAULETTE J 18301 VAN KORMAN -#600 IRVINE CA 92612	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HADEN, PATRICK C 300 S. GRAND AVENUE 29TH FL LOS ANGELES CA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laura Fournier LAURA FOURNIER/TREASURER 6/16/00 248 737-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #