

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90008 022 ***550.00

DOCUMENT # F98000005413

1. Entity Name

CTS STAFF LEASING, INC.



Principal Place of Business 4315 DOWNTOWNER LOOP NORTH MOBILE AL 36609	Mailing Address 4315 DOWNTOWNER LOOP NORTH MOBILE AL 36609
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A0072979



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip, Country	Zip, Country

4. FEI Number 63-1049269	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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, 2001 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

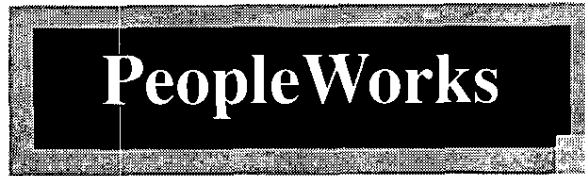
11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BROWNE, GREGORY H 818 HOWARD AVENUE, SUITE 100 NEW ORLEANS LA 70113 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD CLARK, NEIL 4315 DOWNTOWNER LOOP NORTH MOBILE AL 36609 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPVD EUMONT, JACK V 818 HOWARD AVENUE, SUITE 100 NEW ORLEANS LA 70113 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOD CARLSON, BARRY I 650 SHACKLEFORD, #141 LITTLE ROCK AR 72211 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>See Attached</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *X [Signature]* **6/06/01** **501-221-2503**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DOCUMENT # F 980000005413 Attachment A0072979



A Division of Professional Employer Services, Inc.

PeopleWorks of Mississippi, Inc.
63-1049269

Officers

Barry Carlson
650 S. Shackelford, Ste. 141
Little Rock, AR 72211

President/COO

Debbie Blough
650 S. Shackelford, Ste. 141
Little Rock, AR 72211

Senior VP/ Acctg. & Finance/Secretary

Kathleen Quatroy
650 S. Shackelford, Ste. 141
Little Rock, AR 72211

Vice President Payroll Operations

Susan McMillan
650 S. Shackelford, Ste. 141
Little Rock, AR 72211

Vice President Product & Service

Directors

Gregory H. Browne
818 Howard St., Ste. 100
New Orleans, LA 70113

Barry I. Carlson
650 S. Shackelford, Ste. 141
Little Rock, AR 72211

Debbie Evans Blough
650 S. Shackelford, Ste. 141
Little Rock, AR 72211