2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004
Secretary of State

DOCUMENT# P03857

Entity Name: TRC STAFFING SERVICES, INC.

Current Principal Place of Business:

100 ASHFORD CENTER N., STE 500 30338
P.O.BOX 888524
ATLANTA, GA 303567524

New Principal Place of Business:

100 ASHFORD CENTER NORTH
SUITE 500
ATLANTA, GA 303384865

Current Mailing Address:

100 ASHFORD CENTER N., STE 500 30338
P.O.BOX 888524
ATLANTA, GA 303567524

New Mailing Address:

100 ASHFORD CENTER NORTH
SUITE 500
ATLANTA, GA 303384865

FEI Number: 58-1405197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VDS ( ) Delete
Name: TASKER, BRENDA H.,
Address: 100 ASHFORD CTR.,N.#500
City-St-Zip: ATLANTA, GA

Title: TDC ( ) Delete
Name: ROBINSON, EMBREE L.,
Address: 100 ASHFORD CTR.,N.#500
City-St-Zip: ATLANTA, GA

Title: D ( ) Delete
Name: ROBINSON, RICHARD,
Address: 100 ASHFORD CTR.,N.#500
City-St-Zip: ATLANTA, GA

Title: D ( ) Delete
Name: LANDON, JAMES H.,
Address: 100 ASHFORD CTR.,N.#500
City-St-Zip: ATLANTA, GA

Title: VPC ( ) Delete
Name: KUMPF, CRAIG
Address: 100 ASHFORD CENTER NORTH #500
City-St-Zip: ATLANTA, GA 30338

Title: D (X) Delete
Name: CROSLEY, STEVE
Address: 100 ASHFORD CTR N #500
City-St-Zip: ATLANTA, GA 30338

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG KUMPF VP 02/19/2004

Electronic Signature of Signing Officer or Director — Date