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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10337 (4)

1. Corporation Name
WESTERN STAFF SERVICES (USA), INC.

Principal Place of Business
301 LENNON LANE
P. O. BOX 9280
WALNUT CREEK CA 94598-9280

Mailing Address
301 LENNON LANE
P. O. BOX 9280
WALNUT CREEK CA 94598-0980



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/05/1986	3a. Date of Last Report 04/23/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 68-0095781	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1.1 TITLE	☐ Change ☐ Addition
NAME	STOVER ROBERT W.	1.2 NAME	
STREET ADDRESS	301 LENNON LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WALNUT CREEK CA	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	NORBERG, PAUL A.	2.2 NAME	
STREET ADDRESS	301 LENNON LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	WALNUT CREEK CA	2.4 CITY - ST - ZIP	
TITLE	VS	3.1 TITLE	☐ Change ☐ Addition
NAME	HERMAN, ROBIN A.	3.2 NAME	
STREET ADDRESS	301 LENNON LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WALNUT CREEK CA	3.4 CITY - ST - ZIP	
TITLE	VPT	4.1 TITLE	☐ Change ☐ Addition
NAME	EHRESMAN, MICHAEL W	4.2 NAME	
STREET ADDRESS	1116 CAPISTRANO COURT	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORDELIA CA	4.4 CITY - ST - ZIP	
TITLE	VPC	5.1 TITLE	☐ Change ☐ Addition
NAME	SODESTROM DIRK A.	5.2 NAME	
STREET ADDRESS	230 N WIGET LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	WALNUT CREEK CA	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: _____ DATE: 6-4-97 (319) 941-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)