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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P22759 (5)**

1. Corporation Name  
**TALENT TREE PERSONNEL SERVICES, INC.**

Principal Place of Business Mailing Address  
**9703 RICHMOND AVE  
HOUSTON TX 77042  
US** **PO BOX 3506  
HOUSTON TX 77253-3506  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/27/1989** 3a. Date of Last Report **04/05/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **26 P.O. Box 3506**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **27**  
City & State City & State  
23 **28 Houston, TX**  
Zip Country Zip Country  
24 **25 77042 30 US**

4. FEI Number **74-2367618** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing  **\$5.00 May Be  
Trust Fund Contribution Added to Fees**  
7. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CT 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 **FL** 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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent Signature required when re-registering) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>
NAME	<b>RIENER, JOHN C</b>
STREET ADDRESS	<b>9703 RICHMOND, STE 216</b>
CITY - ST - ZIP	<b>HOUSTON TX</b>
TITLE	<b>T</b>
NAME	<b>WADE, TERRY R</b>
STREET ADDRESS	<b>9703 RICHMOND, STE 216</b>
CITY - ST - ZIP	<b>HOUSTON TX</b>
TITLE	<b>D</b>
NAME	<b>REINER, JOHN C</b>
STREET ADDRESS	<b>9703 RICHMOND, STE 216</b>
CITY - ST - ZIP	<b>HOUSTON TX</b>
TITLE	<b>S</b>
NAME	<b>REARDON, GEORGE M</b>
STREET ADDRESS	<b>9703 RICHMOND, STE 216</b>
CITY - ST - ZIP	<b>HOUSTON TX</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Singh, Man Jit</b>	
13 STREET ADDRESS	<b>9703 Richmond Avenue</b>	
14 CITY - ST - ZIP	<b>Houston, Texas 77042</b>	
21 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Wade, Terry R.</b>	
23 STREET ADDRESS	<b>9703 Richmond Avenue</b>	
24 CITY - ST - ZIP	<b>Houston, Texas 77042</b>	
31 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Somerville, James D.</b>	
33 STREET ADDRESS	<b>17 Executive Park South, #600</b>	
34 CITY - ST - ZIP	<b>Atlanta, GA 30329</b>	
41 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>Wade, Terry R.</b>	
43 STREET ADDRESS	<b>9703 Richmond Avenue</b>	
44 CITY - ST - ZIP	<b>Houston, Texas 77042</b>	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Terry R Wade 2/10/95 713/789-1018  
SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR