

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P22759 (5)**

1. Corporation Name

**TALENT TREE PERSONNEL SERVICES, INC.**



Principal Place of Business

9703 RICHMOND AVE  
HOUSTON TX 77042  
US

Mailing Address

PO BOX 3506  
HOUSTON TX 77042  
US

3. Date Incorporated or Qualified **01/27/1989** 3a. Date of Last Report **03/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Sub, Apt #, etc

26 **PO Box 3506, Houston, TX**

4. FEI Number **74-2367618** Applied For Not Applicable

22 City & State

27 City & State  
28 **Houston, TX**

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

23 Zip Country

29 **Harris** 30 **Harris**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Registered Agent Signature (Required for Change of Registered Agent)

Registered Agent Signature (Required for Change of Registered Office)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SINGH, MAN JIT</b>	2. NAME	
STREET ADDRESS	<b>9703 RICHMOND, STE 216</b>	3. STREET ADDRESS	
CITY-STATE-ZIP	<b>HOUSTON TX</b>	4. CITY-STATE-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	2. TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WADE, TERRY R</b>	2.2 NAME	<b>Vincent E. Cook</b>
STREET ADDRESS	<b>9703 RICHMOND, STE 216</b>	2.3 STREET ADDRESS	<b>9703 Richmond Ave.</b>
CITY-STATE-ZIP	<b>HOUSTON TX</b>	2.4 CITY-STATE-ZIP	<b>Houston, TX 77042</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOMERVILLE, JAMES D.</b>	3.2 NAME	
STREET ADDRESS	<b>17 EXECUTIVE PARK S #600</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>ATLANTA GA</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	4. TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WADE, TERRY R.</b>	4.2 NAME	<b>Vincent E. Cook</b>
STREET ADDRESS	<b>9703 RICHMOND, STE 216</b>	4.3 STREET ADDRESS	<b>9703 Richmond Ave.</b>
CITY-STATE-ZIP	<b>HOUSTON TX</b>	4.4 CITY-STATE-ZIP	<b>Houston, TX 77042</b>
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Vincent E. Cook*

1-23-96

(713) 789-1818

CR2E034 (12/95)