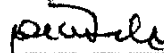


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 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 # S97055 (5)					
1. Corporation Name COLUMBIA STAFFING SERVICES, INC.					
Principal Place of Business ONE PARK PLAZA NASHVILLE TN 37203 US			Mailing Address ATTN: TAX DEPT. P.O. BOX 670 NASHVILLE TN 37203-0670 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 P.O. Box 750		11/25/1991	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		3a. Date of Last Report	
23 City & State		28 Nashville TN		05/01/1996	
24 Zip		29 37203		4. FEI Number	
25 Country		30 USA		65-0298515	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				☐ \$8.75 Additional Fee Required	
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.				6. Election Campaign Financing Trust Fund Contribution	
SIGNATURE				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
12. OFFICERS AND DIRECTORS				10. Name and Address of New Registered Agent	
1.1 TITLE				81 Name	
1.2 NAME				82 Street Address (P.O. Box Number is Not Acceptable)	
1.3 STREET ADDRESS				83	
1.4 CITY-ST-ZIP				84 City	
2.1 TITLE				85 Zip Code	
2.2 NAME				FL	
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)