

FD2000005386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

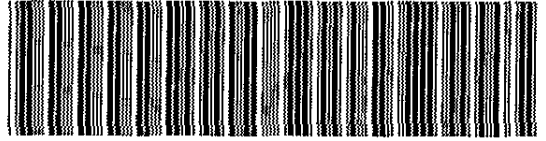
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02 OCT 28 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND
FILED

10-28-02

CT CORPORATION

October 28, 2002

Secretary of State, Florida
409 East Gaines Street
N/A
Tallahassee FL 32399

Re: Order #: 5704766 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Alternative Staffing, Inc. (SC)
Qualification
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland
Fulfillment Specialist
Melanie_Strickland@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

02 OCT 28 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND
FILED

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Craig W. Lake

Address: 1455 Remount Rd #1, North Charleston, SC 29406

Vice Chairman: Janet L Cappellini

Address: 1455 Remount Rd #1, North Charleston, SC 29406

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Craig W. Lake

Address: 1455 Remount Rd #1, North Charleston, SC 29406

Vice President: Janet Cappellini

Address: 1455 Remount Rd #1, North Charleston, SC 29406

Secretary: _____

Address: _____

Treasurer: Jonathan G Stewart

Address: 1455 Remount Rd #1, North Charleston, SC 29406

APPROVED AND FILED
02 OCT 28 PM 11 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

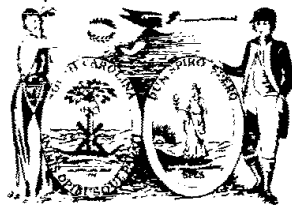
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____

CRAIG W. LAKE, PRESIDENT

(Typed or printed name and capacity of person signing application)

The State of South Carolina



Office of Secretary of State Jim Miles Certificate of Existence

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

ALTERNATIVE STAFFING, INC.,

a corporation duly organized under the laws of the State of South Carolina on **July 2nd, 1993**, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to Section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 21st day of October, 2002.

A handwritten signature in cursive script that reads 'Jim Miles'.

Jim Miles, Secretary of State

Note: This certificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has filed the annual report with the Tax Commission. If it is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filed the annual reports, a certificate of compliance must be obtained from the Tax Commission.