2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/4/2003-90142-001-$550.00-$550.00

FILED
03 SEP 22 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # F97000001234

1. Entity Name
HEADWAY CORPORATE STAFFING SERVICE OF NORTH CAROLINA, INC.

Principal Place of Business	Mailing Address
2003 HIGHWAY 54 DURHAM NC 27713	2003 HIGHWAY 54 DURHAM NC 27713

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7901 Strickland Rd.	7901 Strickland Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Raleigh, NC	City & State: Raleigh, NC
Zip: 27615 Country:	Zip: 27615 Country:

4. FEI Number 13-3923926 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROSEMAN, BARRY 850 3RD AVE NEW YORK NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Barry Roseman 317 Madison Ave New York, NY 10017	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LIST, MICHAEL 317 MADISON AVE NEW YORK NY 10017	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP GOLDSTEIN, GARY 850 3RD AVE., 11TH FL NEW YORK NY 10022	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCHWARTZ, JAMIE 317 MADISON AVE NEW YORK NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MILLER, MICHAEL 2003 HWY ST. DURHAM NC 27713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	7901 Strickland Rd. Raleigh, NC 27615	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Philicia G. Levinson 317 Madison Ave New York, NY 10017	☐ Change ☑ Addition

CR2E034 (4/03)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ (212)672-6661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #