

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000736

Entity Name: STAFF-LINE, INC.**Current Principal Place of Business:**53 ACADEMY ST.
POUGHKEEPSIE, NY 12601**Current Mailing Address:**53 ACADEMY ST.
POUGHKEEPSIE, NY 12601**FEI Number:** 14-1751414**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCRP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PCT
Name	DOMENICO, DEAN
Address	37 FLOWER HILL ROAD
City-State-Zip:	POUGHKEEPSIE NY 12603

Title	VVCS
Name	DELANEY, PETER
Address	7 OAK CT.
City-State-Zip:	POUGHKEEPSIE NY 12603

Title	OFFICER
Name	URBIN, LORI
Address	53 ACADEMY ST.
City-State-Zip:	POUGHKEEPSIE NY 12601

Title	OFFICER
Name	DOMENICO, GINA
Address	53 ACADEMY ST.
City-State-Zip:	POUGHKEEPSIE NY 12601

Title	OFFICER
Name	DELANEY, ALBERT
Address	53 ACADEMY ST.
City-State-Zip:	POUGHKEEPSIE NY 12601

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PETER A DELANEY

VP

02/28/2014

Electronic Signature of Signing Officer/Director Detail_____
Date