

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000001914

**Entity Name:** STAFF MANAGEMENT, INC.**Current Principal Place of Business:**5919 SPRING CREEK ROAD  
ROCKFORD, IL 61114**Current Mailing Address:**5919 SPRING CREEK ROAD  
ROCKFORD, IL 61114**FEI Number: 36-3243445****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	VP, SECRETARY
Name	MORRISSEY, MARY F
Address	6373 TUSCANY
City-State-Zip:	ROCKFORD IL 61107

Title	VP, TREASURER
Name	MORRISSEY, JOHN F
Address	6373 TUSCANY
City-State-Zip:	ROCKFORD IL 61107

Title	VP
Name	CASTREE, SAMUEL J
Address	211 FULTON AVENUE
City-State-Zip:	ROCKFORD IL 61103

Title	P
Name	MORRISSEY, JOHN J
Address	2130 WEMBLEY PLACE
City-State-Zip:	ROCKFORD IL 61114

Title	VP
Name	CAMPBELL, ALEXANDER B.
Address	5457 RIDGEMOOR CT
City-State-Zip:	ROCKFORD IL 61107

*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: SAMUEL J. CASTREE****SENIOR VICE PRESIDENT 04/13/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date