

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 376096**

Entity Name

PERSONNEL ONE, INC.**FILED**
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90067 006 ***150.00

0568842

Principal Place of Business P. O. BOX 144540 CORAL GABLES FL 33114-4540	Mailing Address 222 W LAS COLINAS BLVD STE 1250 IRVING TX 75039 US
---	--

C0043595

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1040 Crown Pointe Pkwy., Suite 1010 Suite, Apt. #, etc.	4. FEI Number 59-1311691	Applied For Not Applicable
City & State Atlanta, GA	City & State Atlanta, GA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 30338	Country		

6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 1406 HAYS STREET SUITE #2 TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TYLER, MARY-KNIGHT 222 W. LAS COLINAS BLVD. #1250 IRVING TX 75039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition See Attached Statement
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS PETTYJOHN, STAYTON 222 W. LAS COLINAS BLVD. #1250 IRVING TX 75039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VIBOCH, PAUL 290 MADISON AVE 3RD FLOOR NEW YORK NY 10017 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLY, JOSEPH A 590 FIFTH AVE NEW YORK NY 10036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REIBEN, ANDREW C 2001 MARCUS AVE LAKE SUCCESS NY 11042 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAS LEWIS, WILLIAM M 590 FIFTH AVE NEW YORK NY 10036 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Doni Tidmore Doni Tidmore 3/26/01 678-443-4202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment Doc # 376096

PERSONNEL ONE, INC.

COO43595

Executive Officers:

<u>Name</u>	<u>Title</u>
Thomas A. Bickes	President/CEO
Shawn W. Poole	CFO, Secretary, and Executive Vice President
Chris Porras	Vice President and Controller
Michael D. Long	Vice President
Mike Mancivalano	Vice President
Doni Tidmore	Treasurer
Stayton PettyJohn	Assistant Treasurer, Vice President and Assistant Secretary
Mary-Knight Tyler	Assistant Treasurer and Vice President
Richard L. Cravey, Jr.	Assistant Secretary

Directors:

Richard L. Cravey, Jr.
Twelve Piedmont Center, Suite 210
Atlanta, Georgia 30305

Michael D. Long
Twelve Piedmont Center, Suite 210
Atlanta, Georgia 30305

Edwin A. Wahlen, Jr.
Twelve Piedmont Center, Suite 210
Atlanta, Georgia 30305

Thomas A. Bickes
1040 Crown Pointe Parkway
Suite 1040
Atlanta, GA 30338

Shawn W. Poole
1040 Crown Pointe Parkway
Suite 1040
Atlanta, GA 30338