FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # ~~813314~~ 813314 (2)

1. Corporation Name
MANPOWER FRANCHISES INC.

Principal Place of Business	Mailing Address
5301 N. Ironwood Rd. Milwaukee, WI 53217-4910	5301 N. Ironwood Rd. Milwaukee, WI 53217-4910

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1959
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc (22) | Suite, Apt. #, etc (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 39-0863338 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/T/D	11 TITLE		☐ Change ☐ Addition
NAME	BILLER, JOEL	12 NAME		
STREET ADDRESS	6942 N. BARNETT LANE	13 STREET ADDRESS		
CITY ST ZIP	MILWAUKEE, WI	14 CITY ST ZIP		
TITLE	V/T/D/	21 TITLE		☒ Change ☐ Addition
NAME	PALAY, GILBERT	22 NAME	PLEASE DELETE	
STREET ADDRESS	7123 N. BARNETT LANE	23 STREET ADDRESS		
CITY ST ZIP	MILWAUKEE, WI	24 CITY ST ZIP		
TITLE	V/S/D	31 TITLE		☒ Change ☐ Addition
NAME	KOZLOWSKI, WLATER G.	32 NAME	KOZLOWSKI, WALTER G.	
STREET ADDRESS	4915 SAXONY LANE	33 STREET ADDRESS		
CITY ST ZIP	GREENDALE, WI	34 CITY ST ZIP		
TITLE	V	41 TITLE		☒ Change ☐ Addition
NAME	ZBLEWSKI, DAVID E.	42 NAME	PLEASE DELETE	
STREET ADDRESS	630 FOREST GROVE CIR.	43 STREET ADDRESS		
CITY ST ZIP	BROOKFIELD, WI	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

REMITTED BY MAY 1 5/1/95

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE _____ 5/10/95 (414) 961-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Vice Pres — Date — Daytime Phone #

WALTER G. KOZLOWSKI