

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90131 026 ***150.00

DOCUMENT # 840072

1. Entity Name
COMSYS INFORMATION TECHNOLOGY SERVICES, INC.



Principal Place of Business
4400 POST OAK PARKWAY
SUITE 1800
HOUSTON, TX 77027

Mailing Address
8040 S 48TH ST.
STE 100
PHOENIX, AZ 85044

54053325



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-1300240	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	WILLIS, MICHAEL T
STREET ADDRESS	4400 POST OAK PKWY SUITE 1800
CITY-ST-ZIP	HOUSTON, TX 770027
TITLE	VS
NAME	REED, MARGARET G
STREET ADDRESS	4400 POST OAK PKWY SUITE 1800
CITY-ST-ZIP	HOUSTON, TX 770027
TITLE	D
NAME	EDWARDS, DONALD J
STREET ADDRESS	C/O GTOR GOLDEN RAUNER 6100 SEARS TOWER
CITY-ST-ZIP	CHICAGO, IL 606066402
TITLE	D
NAME	RAUNER, BRUCE
STREET ADDRESS	C/O GTOR GOLDEN RAUNER 6100 SEARS TOWER
CITY-ST-ZIP	CHICAGO, IL 606066402
TITLE	D
NAME	GARDNER, TED
STREET ADDRESS	301 SOUTH COLLEGE STREET
CITY-ST-ZIP	CHARLOTTE, NC 28288
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeffrey J. Weiner **JEFFREY J. WEINER** 4/30/04 386.1424
7-13.