

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

0654227 AT

DOCUMENT # 842991

1. Entity Name
TODAYS STAFFING, INC.



04-30-2003 90322 040 ***150.00

Principal Place of Business
**18111 PRESTON RD
STE 700
DALLAS TX 75252
US**

Mailing Address
**18111 PRESTON RD
STE 700
DALLAS TX 75252
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-1929707**
Applied For
Not Applicable

City & State

Zip Country

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLLAND, STEVEN M 18111 PRESTON RD STE 700 DALLAS, TX 75252	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, ROBIN 18111 PRESTON RD STE 700 DALLAS TX 75252	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEWIS, CRAIG 1717 ARCH ST 35TH FL PHILADELPHIA PA 19103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARLINGTON, NAGLE JR. 1717 ARCH ST 35TH FL PHILADELPHIA PA 19103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV PLACE, BRIAN F 18111 PRESTON RD STE 700 DALLAS TX 75252	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR-MORELL, BRETT 18111 PRESTON RD STE 700 DALLAS TX 75252	<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	V KRAWCZYK, MARGARET 18111 PRESTON RD STE 700 DALLAS TX 75252
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STUART, JAY G 1717 ARCH ST 35TH FL PHILADELPHIA PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COSTELLO, DANIEL T 18111 PRESTON RD STE 700 DALLAS TX 75252
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENT, DIRK A 18111 PRESTON RD STE 700 DALLAS TX 75252

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: *Craig H. Lewis* CRAIG H. LEWIS **4/29/03** **215-569-2200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/0/02)