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 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 851329 (3)

1. Corporation Name
NORRELL SERVICES, INC.

Principal Place of Business
3535 PIEDMONT RD NE
ATLANTA GA 30305

Mailing Address
3535 PIEDMONT RD NE
ATLANTA GA 30305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/18/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-1079429 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1 TITLE	T ☒ Change ☐ Addition
NAME	BRYAN, LARRY J.	1 NAME	Madison F. Cole
STREET ADDRESS	1580 LAZY RIVER LANE	1 STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY GA	1 CITY-ST-ZIP	
TITLE	VAS	2 TITLE	☐ Change ☐ Addition
NAME	BRYAN, LARRY J.	2 NAME	
STREET ADDRESS	1580 LAZY RIVER LANE	2 STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY GA	2 CITY-ST-ZIP	
TITLE	CD	3 TITLE	☐ Change ☐ Addition
NAME	MILLNER, GUY W.	3 NAME	
STREET ADDRESS	3303 CHATHAM RD NW	3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 00000	3 CITY-ST-ZIP	
TITLE	P	4 TITLE	☐ Change ☐ Addition
NAME	MILLER, C. DOUGLAS	4 NAME	
STREET ADDRESS	530 BROOK HOLLOW CIRCLE	4 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	4 CITY-ST-ZIP	
TITLE	AS	5 TITLE	☐ Change ☐ Addition
NAME	COLDREN, KATHY	5 NAME	
STREET ADDRESS	3535 PIEDMONT RD., N.E.	5 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5 CITY-ST-ZIP	
TITLE	AT	6 TITLE	Asst Secretary ☒ Change ☐ Addition
NAME	MARMON, MARK	6 NAME	Kathy J. Coldren
STREET ADDRESS	3535 PEDIMONT RD NE	6 STREET ADDRESS	3535 Piedmont Rd NE
CITY-ST-ZIP	ATLANTA GA	6 CITY-ST-ZIP	Atlanta GA 30305

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1), 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 if changed, or on an attachment with an address.

SIGNATURE: Kathy J Cold Kathy J Coldren 4/28/95 404-240-3665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000000 CP