

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **851329** (3)

1. Corporation Name  
**NORRELL SERVICES, INC.**

Principal Place of Business <b>3535 PIEDMONT RD NE ATLANTA GA 30305</b>	Mailing Address <b>3535 PIEDMONT RD NE ATLANTA GA 30305</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>12/18/1981</b>	3a. Date of Last Report <b>04/12/1996</b>
24		25		4. FEI Number <b>58-1079429</b>	Applied For Not Applicable
29		30		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLE, MADISON F.</b>	1.2 NAME	
STREET ADDRESS	<b>1580 LAZY RIVER LANE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DUNWOODY GA</b>	1.4 CITY - ST - ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRYAN, LARRY J.</b>	2.2 NAME	
STREET ADDRESS	<b>1580 LAZY RIVER LANE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DUNWOODY GA</b>	2.4 CITY - ST - ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLNER, GUY W.</b>	3.2 NAME	
STREET ADDRESS	<b>3303 CHATHAM RD NW</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA, GA 00000</b>	3.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, C. DOUGLAS</b>	4.2 NAME	
STREET ADDRESS	<b>530 BROOK HOLLOW CIRCLE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MARIETTA GA</b>	4.4 CITY - ST - ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLDREN, KATHY</b>	5.2 NAME	
STREET ADDRESS	<b>3535 PIEDMONT RD., N.E.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>ASSISTANT TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>PAM TAYLOR</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>3535 PIEDMONT RD. NE</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>ATLANTA GA 30305</b>

14. I do 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 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: *Pam Taylor* **PAM TAYLOR** 4-30-97 (404) 240-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)