

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000464

1. Entity Name
STAFFMARK EAST, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -8 PM 1:33

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**

234 E MILLSAP ROAD 234 E MILLSAP ROAD

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

FAYETTEVILLE, AR FAYETTEVILLE, AR

Zip Zip

72703 72703

Country Country

USA USA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
660 E. Jefferson Street

City City

Tallahassee FL Zip Code

32301

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.

SIGNATURE CT CORPORATION SYSTEM **4/17/2000**

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

9. Capital Contributions **10. Amount of Capital Contributions** **11. MAKE CHECK PAYABLE TO DEPT. OF STATE**

as Shown on record. 999 in FLORIDA to date. 0 SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F99000002346	STREET ADDRESS	000003288858-4
NAME	BREWER PERSONNEL SERVICES, INC.	CITY-ST-ZIP	-06/14/00--01070--007
STREET ADDRESS	234 E MILLSAP ROAD		****141.25 ****141.25
CITY-ST-ZIP	FAYETTEVILLE, AR 72703		
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Gordon Y. Allison **GORDON Y. ALLISON** **4/17/2000** **501/973-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)