

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90120 001 *2,400.00

DOCUMENT # **F00000001394**



1. Entity Name
CAREERSTAFF SERVICES CORPORATION

Principal Place of Business
**101 SUN AVE., NE
ALBUQUERQUE NM 87109**

Mailing Address
**101 SUN AVE., NE
ALBUQUERQUE NM 87109**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **93-0962981**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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			
TITLE	PD	<input checked="" type="checkbox"/> Delete	
NAME	SCHELLING, WARREN		
STREET ADDRESS	101 SUN AVE., NE		
CITY-ST-ZIP	ALBUQUERQUE NM 87109		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	BOWER, RAYMOND		
STREET ADDRESS	101 SUN AVE., NE		
CITY-ST-ZIP	ALBUQUERQUE NM 87109		
TITLE	CFO	<input checked="" type="checkbox"/> Delete	
NAME	RZENDZIAN, MICHAEL E		
STREET ADDRESS	101 SUN AVE., NE		
CITY-ST-ZIP	ALBUQUERQUE NM 87109		
TITLE	VT	<input checked="" type="checkbox"/> Delete	
NAME	SCHNEIDER, ROBERT K		
STREET ADDRESS	101 SUN AVE., NE		
CITY-ST-ZIP	ALBUQUERQUE NM 87109		
TITLE	AT	<input type="checkbox"/> Delete	
NAME	HAYES, D. CRAIG G		
STREET ADDRESS	101 SUN AVE., NE		
CITY-ST-ZIP	ALBUQUERQUE NM 87109		
TITLE	S	<input type="checkbox"/> Delete	
NAME	BERG, MICHAEL T		
STREET ADDRESS	101 SUN AVE., NE		
CITY-ST-ZIP	ALBUQUERQUE NM 87109		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	President / Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Gay Kelley		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Assistant Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Jeffrey Gilmore		
STREET ADDRESS	101 Sun Ave NE		
CITY-ST-ZIP	Albuquerque, NM 87109		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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** _____ **4/10/03** **(505) 821-3355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)