
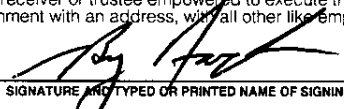


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

06-14-2004 90001 031 \*\*\*550.00

DOCUMENT # F00000005905			
1. Entity Name INTELISTAF GROUP, INC.		Principal Place of Business 1000 SOUTH RODNEY PARHAM ROAD LITTLE ROCK, AR 72204	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 18 W 140 Butterfield Road Suite, Apt. #, etc. 6000	
City & State Little Rock, AR		City & State Oakbrook Terrace, IL	
Zip 72204	Country USA	Zip 60181	Country USA
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
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.		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 Signature, typed or printed name of registered agent and title if applicable.		DATE	
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD FRIEDMAN, RALPH J III 18 WEST 140 BUTLER FIELD ROAD, SUITE 600 OAKBROOK TERRACE, IL 60181 <input 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	VD DAHL, W. ROBERT 520 MADISON AVENUE- 41ST FLOOR NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JIN, WALTER S 520 MADISON AVENUE -41ST FLOOR NEW YORK, NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T /Asst Sec Weatherwax, KIP 18 West 140 Butterfield Rd., Ste 600 Oakbrook Terrace, IL 60181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/CAO Fooden, Bryan T. 18 W 140 Butterfield Rd., Ste. 600 Oakbrook Terrace, IL 60181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/CFD/CIO Froisland, Jim 18 W 140 Butterfield Rd., Ste. 600 Oakbrook Terrace, IL 60181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 		Bryan Fooden	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		6-1-04 630-914-3900	
		Daytime Phone #	

54057220



03212003 Chg-P CR2E034 (10/03)

4. FEI Number 52-2267220 Applied For Not Applicable

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

Attachment

54057220

# 500000005905

**Corporate Officers**  
**InteliStaf Holdings, Inc. (FEIN# 52-2274008)**  
**InteliStaf Healthcare Group, Inc. (FEIN# 52-2267220)**  
**InteliStaf Healthcare, Inc. (FEIN# 11-3257108)**  
**InteliStaf Healthcare Management, L.P. (FEIN # 22-3887958)**

Title	Name	Address	City	State	Zip Code
Chairman	R. J. Friedmann, Jr.	1000 South Rodney Parham Road	Little Rock	AR	72204
President	Ralph J. Friedmann, III	18 West 140 Butterfield Road, Suite 600	Oakbrook Terrace	IL	60181
Secretary	Walter S. Jin	520 Madison Avenue, 41 <sup>st</sup> Floor	New York	NY	10022
SVP, Chief Financial Officer & Chief Information Officer	James M. Froisland	18 West 140 Butterfield Road, Suite 600	Oakbrook Terrace	IL	60181
VP, Chief Accounting Officer	Bryan T. Fooden	18 West 140 Butterfield Road, Suite 600	Oakbrook Terrace	IL	60181
VP, Treasurer & Asst Secretary	Kip Weatherwax	18 West 140 Butterfield Road, Suite 600	Oakbrook Terrace	IL	60181
VP, Information Technology	Open	18 West 140 Butterfield Road, Suite 600	Oakbrook Terrace	IL	60181
SVP, Chief Operating Officer	Karl McDonnell	18 West 140 Butterfield Road, Suite 600	Oakbrook Terrace	IL	60181
SVP, Human Resources	Nancy Kittle	18 West 140 Butterfield Road, Suite 600	Oakbrook Terrace	IL	60181

Board of Directors

InteliStaf Holdings, Inc. (FEIN# 52-2274008)

InteliStaf Healthcare Group, Inc. (FEIN# 52-2267220)

InteliStaf Healthcare, Inc. (FEIN# 11-3257108)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Chairman</u>	R. J. Friedmann, Jr.	1000 South Rodney Parham Road	Little Rock	AR	72204
	Ralph J. Friedmann, III	18 West 140 Butterfield Road, Suite 600	Oakbrook Terrace	IL	60181
<u>Secretary</u>	Walter S. Jin	520 Madison Avenue, 41 <sup>st</sup> Floor	New York	NY	10022
	Bob Dahl	520 Madison Avenue, 41 <sup>st</sup> Floor	New York	NY	10022
	Ryan Schwartz	1001 Pennsylvania Avenue, NW	Washington	D.C.	20004
	John Short	7733 Forsyth Blvd, Ste 1700	St. Louis	MO	63105
	Ray Holman	3 Lorenzo Lane	St. Louis	MO	63124

Attachment

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