2005 FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Registered Agent

DOCUMENT# F01000000830

Entity Name: CDI PERSONNEL SERVICES, INC.

FILED Apr 19, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
1717 ARCH STREET, 35TH FLOOR PHILADELPHIA, PA 191032768		1717 ARCH STREET, 35TH FLOOR PHILADELPHIA, PA 191032768 US		
Current Mailing Address:		New Mailing Address:		
1717 ARCH STREET, 35TH FLOOR PHILADELPHIA, PA 191032768		1717 ARCH STREET, 35TH FLOOR PHILADELPHIA, PA 191032768 US		
FEI Number: 23-2824695	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
C T CORPORATION SY 1200 SOUTH PINE ISLA PLANTATION, FL 33324	ND ROAD			
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	

Election Campaign Financing Trust Fund Contribution ().

SIGNATURE:

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: () Delete Title: (X) Change () Addition GOLDMAN, MARTIN A GOLDMAN, MARTIN A Name: Name: 1717 ARCH STREET, 35TH FLOOR Address: 1717 ARCH STREET, 35TH FLOOR Address: City-St-Zip: PHILADELPHIA, PA 191032768 City-St-Zip: PHILADELPHIA, PA 191032768 US Title: () Delete Title: (X) Change () Addition SKLAR, STUART M Name: Name: SKLAR, STUART M Address: 1717 ARCH STREET, 35TH FLOOR Address: 1717 ARCH STREET, 35TH FLOOR PHILADELPHIA, PA 191032768 US PHILADELPHIA, PA 191032768 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition TVD TVD

Name:SKLAR, HAROLDName:KIEFER, PHILIPAddress:1717 ARCH STREET, 35TH FLOOR4ddress:1717 ARCH STREET, 35TH FLOORCity-St-Zip:PHILADELPHIA, PA 191032768City-St-Zip:PHILADELPHIA, PA 191032768 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN A GOLDMAN PD 04/19/2005