## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F01000004390

Entity Name: STAFFING ALTERNATIVES, INC.

FILED Jan 16, 2002 8:00 AM Secretary of State

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
	K STREET, SU SBURG, MD 20		SUITE 10	ONE BANK STREET SUITE 100 GAITHERSBURG, MD 20878			
Current M	lailing Addres	s:	New Maili	New Mailing Address:			
	K STREET, SU SBURG, MD 20		SUITE 100	ONE BANK STREET SUITE 100 GAITHERSBURG, MD 20878			
FEI Number:	: 52-2118293	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desi	ired()	
Name and	l Address of C	urrent Registered Agent:	Name and	Address of N	lew Registered Agent	:	
	ROBERT UNE AVENUE DALE, FL 33308	3 US	4235 SEA	GROSS, ROBERT 4235 SEAGRAPE DRIVE LAUDERDALE, FL 33308 US			
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	its registered o	ffice or registered agen	it, or both,	
SIGNATUR	RE:			01/16/2002			
	Electron	ic Signature of Registered Age	ent		Date		
		satisfy its Intangible Tax filing req	uirement and elects to	do so (X).			
	S AND DIREC	• •	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CP () STOUP, PATRIC 20513 ANNADY GERMANTOWN	KE WAY	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	S () PARKER, CHER 13463 DEMETR GERMANTOWN	IUS WAY	Title: Name: Address: City-St-Zip:	V/S (X) PARKER, CHEI 13463 DEMETE GERMANTOWN	RIUS WAY		
Title: Name: Address: City-St-Zip:	T () LYNN LOCKE M 5 WHITE ASH C BALTIMORE, M	OURT	Title: Name: Address: City-St-Zip:	V/T (X) MUSKA, LYNN 5 WHITE ASH ( BALTIMORE, M	COURT		
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	V () MCNEILY, C. J 2430 CEDAR L VIENNA, VA 22	ANE		

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: LYNN L MUSKA V/T 01/16/2002