




FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90338 040 ***150.00

092100

☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # F01000005182				Secretary of State	
1. Entity Name PERSONNEL SYSTEM, INC.				01-27-2003 90338 040 ***150.00	
Principal Place of Business 5 SOUTH RIDGE ROAD POMONA NY 10970		Mailing Address 5 SOUTH RIDGE ROAD POMONA NY 10970		90011260	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 13-3275836	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
WEXLER, BENJAMIN TILFORD Q 349 DEERFIELD BEACH FL 33442		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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE C NAME WEXLER, RICHARD H PHD STREET ADDRESS 5 SOUTH RIDGE ROAD CITY-ST-ZIP POMONA NY 10970			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 REQUIRED 1/15/03 845-384-0500					