2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# F02000000073

Entity Name: CDI STAFFING SERVICES, INC.

Current Principal Place of Business:

1717 ARCH STREET, 35TH FLOOR
PHILADELPHIA, PA 191032768

New Principal Place of Business:

1717 ARCH STREET
35TH FLOOR
PHILADELPHIA, PA 191032768 US

Current Mailing Address:

1717 ARCH STREET, 35TH FLOOR
PHILADELPHIA, PA 191032768

New Mailing Address:

1717 ARCH STREET
35TH FLOOR
PHILADELPHIA, PA 191032768 US

FEI Number: 26-0000366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: BLALOCK, PAMELA E
Address: 1717 ARCH STREET, 35TH FLOOR
City-St-Zip: PHILADELPHIA, PA 191032768

Title: VTD ( ) Delete
Name: ROBERTS, EVE M
Address: 1717 ARCH STREET, 35TH FLOOR
City-St-Zip: PHILADELPHIA, PA 191032768

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: BLALOCK, PAMELA E
Address: 1717 ARCH ST 35TH FL
City-St-Zip: PHILADELPHIA, PA 191032768 US

Title: TVD (X) Change ( ) Addition
Name: ROBERTS, EVE M
Address: 1801 MARKET ST 12TH FL
City-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: PAMELA E BLALOCK PSD 04/20/2005

Electronic Signature of Signing Officer or Director — Date