

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003212

FILED  
May 04, 2011  
Secretary of State

**Entity Name:** PURE SOLUTIONS CONSULTING, INC.

**Current Principal Place of Business:**

910 CAMPISI WAY  
STE 1A  
CAMPBELL, CA 95008

**New Principal Place of Business:**

100 MANPOWER PLACE  
MILWAUKEE, WI 53212

**Current Mailing Address:**

2050 E. ASU CIRCLE  
SUITE # 120  
TEMPE, AZ 85284

**New Mailing Address:**

100 MANPOWER PLACE  
MILWAUKEE, WI 53212

**FEI Number:** 77-0394074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PRISING, JONAS  
Address: 100 MANPOWER PLACE  
City-St-Zip: MILWAUKEE, WI 53212

Title: V  
Name: TOTH, MARK  
Address: 100 MANPOWER PLACE  
City-St-Zip: MILWAUKEE, WI 53212

Title: T  
Name: KREY, JULIE  
Address: 100 MANPOWER PLACE  
City-St-Zip: MILWAUKEE, WI 53212

Title: AT  
Name: VACHALEK, MARK  
Address: 100 MANPOWER PLACE  
City-St-Zip: MILWAUKEE, WI 53212

I hereby 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 all other like empowered.

SIGNATURE: MARK VACHALEK

AT

05/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date