2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005236

Title:

Name:

Address:

City-St-Zip:

Entity Name: ON ASSIGNMENT STAFFING SERVICES, INC

FILED Apr 06, 2005 Secretary of State

Entity Nar	ne: UN ASSIG	INMENT STAFFING SERVICE	S, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	ST AGOURA R SAS, CA 91302						
Current Mailing Address:			New Mailing Address:				
	ST AGOURA R SAS, CA 91302						
FEI Number:	FEI Number: 01-0660445 FEI Number Applied For ()		FEI Number Not Applicable ()		Certificate of Status Desired (X)		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1200 SOU ⁻	ORATION SYS TH PINE ISLAN ON, FL 33324						
	named entity s e of Florida.	ubmits this statement for the pu	urpose of changing i	ts registered o	office or registered a	gent, or both,	
SIGNATUF							
		c Signature of Registered Ager	nt	Date			
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CEOD () PETERSON, JO 26651 WEST AC CALABASSAS, C	GOURA ROAD	Title: Name: Address: City-St-Zip:	TREA (X WOLFF, KRIST 26651 WEST A CALABASSAS,	GOURA ROAD		
Title: Name: Address: City-St-Zip:	S () RUDOLPH, RON 26651 WEST AC CALABASSAS, C	SOURA ROAD	Title: Name: Address: City-St-Zip:	S (X PAWAR, NANC 26651 WEST A CALABASSAS,	GOURA ROAD		
Title: Name: Address: City-St-Zip:	D () ETTENBERG, EI 26651 WEST AC CALABASSAS, C	GOURA ROAD	Title: Name: Address: City-St-Zip:	()) Change ()Addition		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: NANCY PAWAR SECR 04/06/2005

() Delete

26651 WEST AGOURA ROAD

CALABASSAS, CA 91302

JONES, JEREMY M

() Change () Addition