


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90016 047 \*\*\*150.00

<b>DOCUMENT # F02000005236</b> 1. Entity Name <b>ON ASSIGNMENT STAFFING SERVICES, INC.</b>					
Principal Place of Business <b>26651 WEST AGOURA ROAD CALABASSAS, CA 91302</b>			Mailing Address <b>26651 WEST AGOURA ROAD CALABASSAS, CA 91302</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				<b>7. Name and Address of New Registered Agent</b> Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> <span style="float: right;">Zip Code</span>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TREA</b> <b>WOLFF, KRISTI</b> <b>26651 WEST AGOURA ROAD</b> <b>CALABASSAS, CA 91302</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P/T</b> <b>WOLFF, KRISTI</b> <b>26651 WEST AGOURA ROAD</b> <b>CALABASSAS, CA 91302</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>PAWAR, NANCY</b> <b>26651 WEST AGOURA ROAD</b> <b>CALABASSAS, CA 91302</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ETTENBERG, ELLIOT</b> <b>26651 WEST AGOURA ROAD</b> <b>CALABASSAS, CA 91302</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>JONES, JEREMY M</b> <b>26651 WEST AGOURA ROAD</b> <b>CALABASSAS, CA 91302</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DAMERIS, PETER</b> <b>26651 WEST AGOURA ROAD</b> <b>CALABASSAS, CA 91302</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BRILL, JAMES</b> <b>26651 WEST AGOURA ROAD</b> <b>CALABASSAS, CA 91302</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Nancy Pawar</u> <b>NANCY PAWAR</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/4/07 (818) 878-7900 <small>Date Daytime Phone #</small>		