

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005361

FILED
Apr 24, 2006
Secretary of State

Entity Name: VENTURI STAFFING PARTNERS, INC.

Current Principal Place of Business:

435 ELM ST SUITE 300
SUITE 300
CINCINNATI, OH 45202

New Principal Place of Business:

435 ELM ST
SUITE 300
CINCINNATI, OH 45202

Current Mailing Address:

435 ELM ST SUITE 300
SUITE 300
CINCINNATI, OH 45202

New Mailing Address:

435 ELM ST
SUITE 300, ATTN: LEGAL DEPT
CINCINNATI, OH 45202

FEI Number: 56-1930688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P () Delete
Name: KOHNKE, FREDERICK L
Address: 435 ELM ST., SUITE 300
City-St-Zip: CINCINNATI, O 45202

Title: VPT () Delete
Name: AGLINSKY, WILLIAM
Address: 435 ELM ST., SUITE 300
City-St-Zip: CINCINNATI, OH 45202

Title: S () Delete
Name: SABO, ELIAS J
Address: 435 ELM ST., SUITE 300
City-St-Zip: CINCINNATI, OH 45202

Title: AS () Delete
Name: MASSOUD, I JOE
Address: 435 ELM ST., SUITE 300
City-St-Zip: CINCINNATI, OH 45202

Title: AS () Delete
Name: BERNARD, KATHRYN S
Address: 435 ELM ST., SUITE 300
City-St-Zip: CINCINNATI, OH 45202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: KATHRYN S. BERNARD

AS

04/24/2006

Electronic Signature of Signing Officer or Director

Date