

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F06000004726

1. Entity Name
GRAFTON STAFFING COMPANIES INC.



Principal Place of Business
10540 MARTY ST
STE 100
OVERLAND PARK, KS 66212

Mailing Address
10540 MARTY ST
STE 100
OVERLAND PARK, KS 66212

FILED
Sep 04, 2008 08:00 AM
Secretary of State



08142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1500111	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP CARROLL, CAROL J 10540 MARTY ST STE 100 OVERLAND PARK, KS 66212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAGEN, JEFF 12920 RICHARDS ST OVERLAND PARK, KS 66213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACHADO, ANN 7700 NORTH KENDALL DR, SUITE 300 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000959061
09/04/08-80004-015 550.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Jeff Hagen

Jeff Hagen

9/2/08

913-498-0701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #