

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004125

Entity Name: HR EMPLOYMENT SOLUTIONS, INC.

FILED  
Feb 15, 2011  
Secretary of State

## Current Principal Place of Business:

404 HEMPSTEAD CIRCLE  
NEWTOWN SQUARE, PA 19073

## New Principal Place of Business:

1100 E. HECTOR ST.  
SUITE #334  
CONSHOHOCKEN, PA 19428

## Current Mailing Address:

404 HEMPSTEAD CIRCLE  
NEWTOWN SQUARE, PA 19073

## New Mailing Address:

1100 E. HECTOR ST.  
SUITE #334  
CONSHOHOCKEN, PA 19428

FEI Number: 26-3746781

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEACH, JAMES  
781 CRANDON BLVD SUITE 305  
KEY BISCAYNE, FL 33149 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: CP  
Name: RODIA, MIKE  
Address: 1100 E. HECTOR ST., SUITE 334  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: VCVF  
Name: HALE, ED  
Address: 1100 E. HECTOR ST., SUITE 334  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: D  
Name: VARTANIAN, VIK  
Address: 1100 E. HECTOR ST., SUITE 334  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: MR  
Name: DUFFY, KEVIN  
Address: 4265 KELLY DR.  
City-St-Zip: PHILADELPHIA, PA 19129

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: EDWARD HALE

DIR

02/15/2011

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

\_\_\_\_\_  
Date