SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUN 21 AM 8:17

DOCUMENT # **F93000000739 (3)**

1. Corporation Name
AMERIHOST STAFFING, INC.

Principal Place of Business	Mailing Address
2400 E DEVON AVE. STE. 280 DES PLAINES IL 60018	2400 E DEVON AVE. STE. 280 DES PLAINES IL 60018

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1993	3a. Date of Last Report: 04/22/1994
4. FEI Number: 36-3801278	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / County (25)	Zip (29) / County (30)

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	TORCHIA, H. ANDREW	12 NAME	
STREET ADDRESS	16 N. 476 PENNY RD.	13 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON HILLS IL 60118	14 CITY ST ZIP	
TITLE	PDC	21 TITLE	☐ Change ☐ Addition
NAME	HOLTZ, MICHAEL P	22 NAME	
STREET ADDRESS	968 MARSHALL DR.	23 STREET ADDRESS	
CITY ST ZIP	DES PLAINES IL 60016	24 CITY ST ZIP	
TITLE	EVPD	31 TITLE	☐ Change ☐ Addition
NAME	D'ONOFRIO, RICHARD A	32 NAME	
STREET ADDRESS	505 N. LAKE SHORE DR.	33 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL 60611	34 CITY ST ZIP	
TITLE	SVPF	41 TITLE	☐ Change ☐ Addition
NAME	CERQUA, RUSSELL J	42 NAME	
STREET ADDRESS	777 PLENTYWOOD LANE	43 STREET ADDRESS	
CITY ST ZIP	BENSENVILLE IL 60106	44 CITY ST ZIP	
TITLE	ST	51 TITLE	☐ Change ☐ Addition
NAME	CERQUA, RUSSELL J	52 NAME	
STREET ADDRESS	777 PLENTYWOOD LANE	53 STREET ADDRESS	
CITY ST ZIP	BENSENVILLE IL 60106	54 CITY ST ZIP	
TITLE	SVPD	61 TITLE	☐ Change ☐ Addition
NAME	BERNARDO, RENO J	62 NAME	REMOVE
STREET ADDRESS	197 BUCKEYE CT.	63 STREET ADDRESS	
CITY ST ZIP	WESTERVILLE OH 43081	64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6-12-95 (708)298-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON [illegible] J. CERQUA
Date Daytime Phone #
Secretary

0177006 FP