FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000002269

1. Corporation Name

NATIONAL EMPLOYER SOLUTIONS, INC.

,		2 OC 35 203	<u></u>	. 557			
Principal Place of Business 2575 WESTSIDE PKWY SUITE 100		Mailing Address 2575 WESTSIDE PKWY SUITE 100					
ALPHARETTA GA 30004 ALPHARETTA GA 30004					DO NOT WRITE IN THIS	SPACE	
US US					3. Date Incorporated or Qualifed		
	•				05/03/1994		
2. Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number	\vdash	Applied For
21		26			58-1991865		Not Applicable Additional
Suite, Apt. #, etc.		⊢ ' '	Suite, Apt. #, etc.		5. Certifcate of Status Desired		Required
22		City & State	City & State		a Floriba Compaign Financing		
City & State		⊢ ′	¬ ′		6. Election Campaign Financing Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·	
Zip	Country	Zip C	ountry		8. This corporation owes the current year In		1
—	25	29 30	<u>-</u>	•	Personal Property Tax.	Yes	Mg No
24	9. Name and Address of Currer		1		10. Name and Address of New Registered	Agent	
	3. Name and Address of Carre		81	Name			
THE PRENTICE-HALL CORPORATION SYSTEM, INC.					(DO DO NO Locio Massacrable)		
	HAYS ST., STE. 105		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	AHASSEE FL 32301		83				
			84	City		85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a				1	<u> </u>	- ' '	
11. Pursuant to the provisions of Sections of Justice and 607.1050, Florida Statutes, the above-raines on postulos and 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
12.	CP OFFICERS AN		I TITLE		ADDITIONS/CHANGES TO CIT IDENO A	☐ Change	
TITLE		12 NA					{
NAME	DEMINITATION, GEORGE			TADORESS			}
STREET ADDRESS	7000 COLOMITO		CITY-S	3			[
CITY-ST-ZIP TITLE			1 TITLÉ	1-217		☐ Change	e Addition
		_				_ •	
NAME.	CATES, RON 22NV			TADORESS			[
STREET ADDRESS			4 CITY-S	ł			_
CITY-ST-ZIP	S S	WOODT GA 30330 240 □ DELETE 3.1 TI		01-ZIP		Change	e Addition
TITLE NAME	RIVES, LORI		NAME			•	
	ATON MATERIORECT DD			T ADDRESS			
STREET ADDRESS	111111111111111111111111111111111111111		4. CITY-S	- 1	•		
CITY-ST-ZIP TITLE	/ COMMINING ON SUU-		1 TITLE) 1 - CHF	- Barbaran	☐ Change	e Addition
NAME		_	2 NAME				ĺ
· · · · · · ·				T ADDRESS			
STREET ADDRESS			4 CITY-S				
CITY-ST-ZIP TITLE			1 TITLE	1-211		☐ Change	e [] Addition
NAME			2 NAME			_	J
STREET ADDRESS		5.	STREE	TADORESS			
		1	CITY-S	1			
CITY-ST-ZIP TITLE	ur 1		1 TITLE			☐ Change	e Addition
NAME			2 NAME				

14. I hereby certify that the information supplied with this filing 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 changes, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90002 048 ***158.75