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FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F94000002349 (8)

1. Corporation Name:
WC-HR MANAGEMENT SERVICES, INC.



Principal Place of Business

1800 W. BIG BEAVER SUITE 220 TROY MI 48064

Mailing Address

1800 W. BIG BEAVER SUITE 220 TROY MI 48064-3537

3. Date Incorporated or Qualified

05/06/1994

3a. Date of Last Report

08/13/1996

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 **177 CROSSWAYS PARK DRIVE**

27 City & State

28 **WOODBURY NY**

29 Zip

30 Country

11797 US

4. FEI Number

38-3095932

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **SD** DELETE
 NAME: **MORALES, JORGE J**
 STREET ADDRESS: **2137 LOST TREE WAY**
 CITY - ST - ZIP: **BLOOMFIELD HILLS MI 48034**

TITLE: **P** DELETE
 NAME: **LINDBERG, RICHARD J**
 STREET ADDRESS: **2437 RANOCROFT BEAT**
 CITY - ST - ZIP: **ROCHESTER MI 48306**

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

TITLE: DELETE
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 STREET ADDRESS:
 CITY - ST - ZIP:

TITLE: DELETE
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 STREET ADDRESS:
 CITY - ST - ZIP:

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **PD** Change Addition
 1.2 NAME: **DEREK DEWAN**
 1.3 STREET ADDRESS: **6440 ATLANTIC BLVD.**
 1.4 CITY - ST - ZIP: **JACKSONVILLE, FL 32211**

2.1 TITLE: **SECY** Change Addition
 2.2 NAME: **MICHAEL ABNEY**
 2.3 STREET ADDRESS: **6440 ATLANTIC BLVD**
 2.4 CITY - ST - ZIP: **JACKSONVILLE, FL 32211**

3.1 TITLE: **VP** Change Addition
 3.2 NAME: **ROBERT CALABRO**
 3.3 STREET ADDRESS: **177 CROSSWAYS PARK DR**
 3.4 CITY - ST - ZIP: **WOODBURY NY 11797**

4.1 TITLE: Change Addition
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY - ST - ZIP:

5.1 TITLE: Change Addition
 5.2 NAME:
 5.3 STREET ADDRESS:
 5.4 CITY - ST - ZIP:

6.1 TITLE: Change Addition
 6.2 NAME:
 6.3 STREET ADDRESS:
 6.4 CITY - ST - ZIP:

14. I do 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 changed, or on an attachment with an address.

SIGNATURE:

Robert Calabro
ROBERT CALABRO
AUP-TAXES

4/30/97

(516) 682-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)