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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

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 177 CROSSWAYS PARK DRIVE
Suite, Apt. #, etc.

27 City & State

28 WOODBURY NY

29 Zip

30 Country

11797 US

3. Date Incorporated or Qualified

05/06/1994

3a. Date of Last Report

08/13/1996

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
NAME MORALES, JORGE J
STREET ADDRESS 2137 LOST TREE WAY
CITY-ST-ZIP BLOOMFIELD HILLS MI 48034

TITLE P
NAME LINDBERG, RICHARD J
STREET ADDRESS 2437 RANCROFT BEAT
CITY-ST-ZIP ROCHESTER MI 48306

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT CALABRO
AUP-TAXES

Date

Daytime Phone #

4/30/97

(516) 682-1400

CR2E034 (9/96)