2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F94000002815

1. Entity Name C.O. PERSONNEL, INC.

FILED Jan 18, 2005 08:00 AM Secretary of State

Principal Place of Business_

IMG CENTER

SUITE 100, 1360 E 9TH ST CLEVELAND, OH 44114-782 US Mailing Address

IMG CENTER

SUITE 100, 1360 E 9TH ST CLEVELAND, OH 44114-782 US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01102005 No Chg-P

CR2E034 (10/03)

4. FEI Number 34-0151745

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE Suprature. Suprature Typed or printed registered agent and title if applicable (NOTE Registered Agent signature required when reinstating). DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Finančing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-SY-ZIP	P PALMER, ARNOLD D IMG CENTER, SUITE 100, 1360 E 9TI CLEVELAND, OH 441141782	H ST	U000001824	:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LAFAVE, ARTHUR J JR IMG CENTER, SUITE 100, 1360 E 9TH CLEVELAND, OH 441141782	н sт	01/19/05-8002	26-017 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS CARFAGNA, PETER A IMG CENTER SUITE 100 1360 E, 9TH CLEVELAND_OH 441141782	I ST.	DO NOT WRIT	ΓE
TITLE NAME STREET ADDRESS GITY-ST-ZIP	T ZUGAY, JACK IMG CENTER, SUITE 100, 1360 E 9TH CLEVELAND, OH 441141782	⊣ ST	IN THIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14.7			
NAME STREET ADDRESS	,		••	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attagrifteen with an eastless, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

1-13-05

(2/6)522-1200