FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003471 (9)

1. Corporation Name
STAFF CONSULTANTS USA, INC.

Principal Place of Business	Mailing Address
9626 CLIFTON MEADOW DRIVE MATTHEWS NC 28105	9626 CLIFTON MEADOW DRIVE MATTHEWS NC 28105

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 56-1847410	☐ Applied For ☐ Not Applicable
21 CHARLOTTE, NC	26 CHARLOTTE, NC		
Suite, Apt. #, etc. 22 4801 E. INDEPENDENCE BLVD.	Suite, Apt. #, etc. 27 P.O. BOX 30515	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23 CHARLOTTE, NC	City & State 28 CHARLOTTE, NC	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / County 24 28212 / 25 MECKLENBERG	Zip / County 29 28230 / 30 MECKLENBERG	8. This corporation has activity for filing sales tax under s. 212.05, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

LAMB, DARRELL
SUITE 107
102 COLUMBIA DRIVE
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

91 Name: TREVOR MANSELL
92 Street Address (P.O. Box Number is Not Acceptable): 102 COLUMBIA DRIVE
93: SUITE 107
94 City: CAPE CANAVERAL FL 95 Zip Code: 32920

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: X _____ DATE
(Signature of the printed name of registered agent and title if applicable) (NOTE: Required Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCTD	11 TITLE	☐ Change ☐ Addition
NAME	HARRIS, SHAWN I	12 NAME	
STREET ADDRESS	9626 CLIFTON MEADOW DRIVE	13 STREET ADDRESS	
CITY ST ZIP	MATTHEWS NC 28105	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	HULL, ROBERT H JR	22 NAME	
STREET ADDRESS	2600 ONE FIRST UNION CENTER	23 STREET ADDRESS	
CITY ST ZIP	CHARLOTTE NC 28202	24 CITY ST ZIP	
TITLE		31 TITLE	✓ ☐ Change ☐ Addition
NAME		32 NAME	CARRICATO, MICHAEL T.
STREET ADDRESS		33 STREET ADDRESS	9217 HICKORY TREE COURT
CITY ST ZIP		34 CITY ST ZIP	BURKE, VA 22015
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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: X _____ 4/28/95 (404)532-1470
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0486410 FN