FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000003471 (9)**

1. Corporation Name

STAFF CONSULTANTS USA, INC.

Principal Place of Business	Mailing Address
4801 E INDEPENDENCE BLVD CHARLOTTE NC 28212 US	P. O. BOX 30515 CHARLOTTE NC 28230 US

3. Date Incorporated or Qualified: **07/01/1994**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22 800
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26 4801 E. INDEPENDENCE BLVD.
Suite, Apt. #, etc.
27 800
City & State
28 CHARLOTTE NC
Zip 29 28212 | Country 30 US

4. FEI Number: **56-1847410** ☐ 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

MANSELL, TREVOR
102 COLUMBIA DRIVE
SUITE 107
CAPECANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name: JOSEPH STANCAVAGE
82 Street Address (P.O. Box Number is Not Acceptable): 3410 N. HARBOR CITY BLVD., STE. A
83
84 City: MELBOURNE FL 85 Zip Code: 32935

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 appears on the line above) (New Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, SHAWN I		1.2 NAME		
STREET ADDRESS	9626 CLIFTON MEADOW DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MATTHEWS NC 28105		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HULL, ROBERT H JR		2.2 NAME		
STREET ADDRESS	2600 ONE FIRST UNION CENTER		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28202		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE	V	☑ Change ☐ Addition
NAME	CARRICATO, MICHAEL T		3.2 NAME	CARRICATO, MICHAEL T.	
STREET ADDRESS	9217 HICKORY TREE COURT		3.3 STREET ADDRESS	2206/1825 WOODWAY HILLS DR.	
CITY-ST-ZIP	BURKE VA		3.4 CITY-ST-ZIP	MATTEWS, NC 28105	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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: _____ MICHAEL T. CARRICATO 6/20/96 (704)532-1470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)