SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # F94000004166 (4)

1. Corporation Name

OLSTEN STAFFING SERVICES, INC.

Principal Place of Business
175 BROAD HOLLOW ROAD
MELVILLE NY 11747

Mailing Address
175 BROAD HOLLOW ROAD
MELVILLE NY 11747

3. Date Incorporated or Qualified: 08/11/1994
3a. Date of Last Report: 04/28/1995
4. FEI Number: 74-2123641 ☐ 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

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

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

CT 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	VD	☐ DELETE
NAME	BOELSEN, THOMAS M	
STREET ADDRESS	175 BROAD HOLLOW ROAD	
CITY-ST-ZIP	MELVILLE, NY 11747-8905	
TITLE	PD	☐ DELETE
NAME	FUSCO, ROBERT A	
STREET ADDRESS	175 BROAD HOLLOW ROAD	
CITY-ST-ZIP	MELVILLE, NY 11747-8905	
TITLE	VT	☑ DELETE
NAME	JORDAN, STEVE	
STREET ADDRESS	175 BROAD HOLLOW ROAD	
CITY-ST-ZIP	MELVILLE, NY 11747-8905	
TITLE	V	☐ DELETE
NAME	COSTANTINI, WILLIAM P	
STREET ADDRESS	175 BROAD HOLLOW ROAD	
CITY-ST-ZIP	MELVILLE, NY 11747-8905	
TITLE	VS	☐ DELETE
NAME	LADEROUTE, LAURIN L JR	
STREET ADDRESS	175 BROAD HOLLOW ROAD	
CITY-ST-ZIP	MELVILLE, NY 11747-8905	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	NEW ADDRESS change	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	✓	
2.4 CITY-ST-ZIP	✓ ✓	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

CR2E034 (3/96)

The information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes.

14. I do hereby certify that the information supplied with 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 617, Florida Statutes; and further certify that the information indicated on this report is true and accurate and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Laurin L Laderoute Jr. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/21/96 Daytime Phone #: 516-844-7260

0183390 FP