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 # **F94000005906 (2)**

1. Corporation Name
CAREERSTAFF MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3040 POST OAK BLVD., STE. 310 HOUSTON TX 77056	3040 POST OAK BLVD., STE. 310 HOUSTON TX 77056

3. Date Incorporated or Qualified: **11/15/1994**
3a. Date of Last Report: **06/19/1995**

2. Principal Place of Business 21	2a. Mailing Address 26 Legal Dept.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 101 Sun Lane NE
City & State 23	City & State 28 Albuquerque Nm
Zip / Country 24 / 25	Zip / Country 29 87109 / 30 USA

4. FEI Number: **76-0440764** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C KOSBERG, J. LIVINGSTON 3040 POST OAK BLVD., STE. 310 HOUSTON TX 77056	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	V/C Andrew L. Turner 101 Sun Lane. NE Albuquerque, Nm 87109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO WEINHOLTZ, MICHAEL R 3040 POST OAK BLVD., STE. 310 HOUSTON TX 77056	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOS ROSEN, JAY H 3040 POST OAK BLVD., STE. 310 HOUSTON TX 77056	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	V/CFO Robert D. Woltil 101 Sun Lane NE Albuquerque, Nm 87109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT HENDERSHOT, DINA L 3040 POST OAK BLVD., STE. 310 HOUSTON TX 77056	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	V William C. Warrick 101 Sun Lane NE Albuquerque, Nm 87109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS DEBRUYN, MARY KAY 3040 POST OAK BLVD., STE. 310 HOUSTON TX 77056	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	S Nikki J. Mann 101 Sun Lane NE Albuquerque Nm 87109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT SUTJAK, JOHN S 3040 POST OAK BLVD., STE. 310 HOUSTON TX 77056	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nikki J. M _____ 7-8-96 _____ 505-821-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)

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