FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
May 26 1998 8:00am
Secretary of State

DOCUMENT # F94000005906 (2)

1. Corporation Name
CAREERSTAFF MANAGEMENT, INC.

[redacted]

Principal Place of Business	Mailing Address
3040 POST OAK BLVD., STE. 310 HOUSTON TX 77056	101 SUN LANE NE ALBUQUERQUE NM 87109-4373 US

3. Date Incorporated or Qualified: 11/15/1994	3a. Date of Last Report: Jan. 1997
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	

2. Principal Place of Business	2a. Mailing Address
21	26 101 Sun Avenue NE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Attn: LEGAL DEPT.
City & State 23	City & State 28 Albuquerque, NM
Zip 24 / Country 25	Zip 29 87109 / Country 30 U.S.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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	VC	☒ DELETE	1.1 TITLE	Director + SR. V.P.	☒ Change ☐ Add
NAME	TURNER, ANDREW		1.2 NAME	Robert A Levin	
STREET ADDRESS	101 SUN LANE NE		1.3 STREET ADDRESS	101 Sun Lane NE	
CITY-ST-ZIP	ALBUQUERQUE NM		1.4 CITY-ST-ZIP	Albuquerque NM 87109	
TITLE	PCEO	☒ DELETE	2.1 TITLE	PRESIDENT	☒ Change ☐ Add
NAME	~~WEINHOLTZ, MICHAEL R.~~		2.2 NAME	Randy Jones	
STREET ADDRESS	3040 POST OAK BLVD., STE. 310		2.3 STREET ADDRESS	3040 Post Oak Blvd, Suite 310	
CITY-ST-ZIP	HOUSTON TX 77056		2.4 CITY-ST-ZIP	Houston, TX 77056	
TITLE	VCFO	☐ DELETE	3.1 TITLE		☐ Change ☐ Add
NAME	WOLTIL, ROBERT		3.2 NAME		
STREET ADDRESS	101 SUN LANE NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALBUQUERQUE NM		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Add
NAME	WARRICK, WILLIAM		4.2 NAME		
STREET ADDRESS	101 SUN LANE NE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALBUQUEQUE NM		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Add
NAME	MANN, NIKKI		5.2 NAME	000002587170	
STREET ADDRESS	101 SUN LANE NE		5.3 STREET ADDRESS	-05/27/98--01091--029	
CITY-ST-ZIP	ALBUQUERQUE NM		5.4 CITY-ST-ZIP	***150.00	PE 5-26
TITLE		☐ DELETE	6.1 TITLE	ASSISTANT SECRETARY	☐ Change ☒ Add
NAME			6.2 NAME	MICHAEL T. BERG	
STREET ADDRESS			6.3 STREET ADDRESS	101 Sun Avenue NE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Albuquerque, NM 87109	

14. 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 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 added in an attachment with an address.

SIGNATURE: Michael Berg 5/6/98 (505)821-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number