

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90109 004 ***150.00

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1. Corporation Name

CAREERSTAFF MANAGEMENT, INC.

Principal Place of Business

3040 POST OAK BLVD., STE. 310
HOUSTON TX 77056

Mailing Address

101 SUN AVENUE NE
ATTN: LEGAL DEPT.
ALBUQUERQUE NM 87109
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1994

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DSV ☒ DELETE
NAME LEVIN, ROBERT A
STREET ADDRESS 101 SUN LANE NE
CITY-ST-ZIP ALBUQUERQUE NM 87109

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME MARK G. Wimer
1.3 STREET ADDRESS 101 Sun Avenue NE
1.4 CITY-ST-ZIP ALBUQUERQUE, NM 87109

TITLE P ☐ DELETE
NAME JONES, RANDY
STREET ADDRESS 3040 POST OAK BLVD., STE. 310
CITY-ST-ZIP HOUSTON TX 77056

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VCFO ☐ DELETE
NAME WOLTEL, ROBERT
STREET ADDRESS 101 SUN LANE NE
CITY-ST-ZIP ALBUQUERQUE NM

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 101 Sun Avenue NE
3.4 CITY-ST-ZIP ALBUQUERQUE, NM 87109

TITLE VD ☐ DELETE
NAME WARRICK, WILLIAM
STREET ADDRESS 101 SUN LANE NE
CITY-ST-ZIP ALBUQUERQUE NM

4.1 TITLE V ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 101 Sun Avenue NE
4.4 CITY-ST-ZIP ALBUQUERQUE, NM 87109

TITLE S ☐ DELETE
NAME MANN, NIKKI
STREET ADDRESS 101 SUN LANE NE
CITY-ST-ZIP ALBUQUERQUE NM

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 101 Sun Avenue NE
5.4 CITY-ST-ZIP ALBUQUERQUE, NM 87109

TITLE AS ☐ DELETE
NAME BERG, MICHAEL T
STREET ADDRESS 101 SUN AVENUE NE
CITY-ST-ZIP ALBUQUERQUE NM 97109

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 101 Sun Avenue NE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/4/99

(505) 821-3355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)