

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90046 044 ***150.00

DOCUMENT # F94000005906

1. Entity Name

CAREERSTAFF MANAGEMENT, INC.

Principal Place of Business

Mailing Address

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

**101 SUN AVENUE NE
ATTN: LEGAL DEPT.
ALBUQUERQUE NM 87109-4373
US**

806007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ALBUQUERQUE, NM

Zip
87109

Country
U.S.

Zip

Country

4. FEI Number **76-0440764**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WIMER, MARK G	
STREET ADDRESS	101 SUN LANE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	P	<input type="checkbox"/> Delete
NAME	JONES, RANDY	
STREET ADDRESS	3040 POST OAK BLVD., STE. 310	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	WOLTEL, ROBERT	
STREET ADDRESS	101 SUN LANE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WARRICK, WILLIAM	
STREET ADDRESS	101 SUN LANE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MANN, NIKKI	
STREET ADDRESS	101 SUN LANE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BERG, MICHAEL T	
STREET ADDRESS	101 SUN AVENUE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Randolph Jones	
STREET ADDRESS	101 Sun Avenue NE	
CITY-ST-ZIP	ALBUQUERQUE, NM 87109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P. & Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer Botter	
STREET ADDRESS	101 Sun Avenue NE	
CITY-ST-ZIP	ALBUQUERQUE, NM 87109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael T. Berg	
STREET ADDRESS	101 Sun Avenue NE	
CITY-ST-ZIP	ALBUQUERQUE, NM 87109	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael T. Berg **Michael T. Berg**

Date

Daytime Phone #

1-12-2000 (505) 821-3355