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Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **F94000006348 (6)**

1. Corporation Name  
**WESTERN STAFF SERVICES, INC.**

Principal Place of Business  
**PO BOX 8280  
WALNUT CREEK CA 94598-9281**

Mailing Address  
**PO BOX 8280  
WALNUT CREEK CA 94598-0980**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/13/1994</b>	3a. Date of Last Report <b>04/23/1996</b>
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>94-1266151</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOVER, W. ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>301 LENNON LN.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WALNUT CREEK CA 94598</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORBERG, PAUL A</b>	2.2 NAME	
STREET ADDRESS	<b>301 LENNON LN.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WALNUT CREEK CA 94598</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERMAN, ROBIN A</b>	3.2 NAME	
STREET ADDRESS	<b>301 LENNON LN.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WALNUT CREEK CA 94598</b>	3.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SODESTROM, DIRK</b>	4.2 NAME	
STREET ADDRESS	<b>230 N. WIGET LN.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WALNUT CREEK CA 945</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>W. ROBERT STOVER</b>	5.2 NAME	
STREET ADDRESS	<b>301 LENNON LANE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WALNUT CREEK CA</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>P</b> <b>MICHAEL K. PHIPPEN</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>301 LENNON LANE</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>WALNUT CREEK, CA 94598</b>

14. I do 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 4-24-97

Date

(510) 930-5300

Daytime Phone #

0608999

CR2E034 (9/96)