


Attachment

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90070 007 \*\*\*150.00

<b>DOCUMENT # F94000006698</b>			
1. Entity Name KELLY STAFF LEASING, INC.			
Principal Place of Business 999 W. BIG BEAVER RD. TROY, MI 48084 US		Mailing Address 999 W. BIG BEAVER RD. TROY, MI 48084 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO ADDERLEY, TERENCE E 999 WEST BIG BEAVER ROAD TROY, MI 48084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Please See List 26 Enclosed</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ORSINI, MICHAEL F 999 W. BIG BEAVER RD. TROY, MI 48084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO CAMDEN, CARL T 999 W BIG BEAVER RD TROY, MI 48084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPO GERBER, WILLIAM K 999 WEST BIG BEAVER ROAD TROY, MI 48084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS REARDON, GEORGE 999 WEST BIG BEAVER RD TROY, MI 48084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GALAC, SANDRA 999 W. BIG BEAVER RD. TROY, MI 48084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered			
SIGNATURE: <i>M.F. Davis</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER		DIRECTOR <i>M. DAVIS / V.P., TAX</i> 4/09/04 (248) 244-4377 Date Daytime Phone #	

24039440



03312004 Chg-P CR2E034 (10/03)

4. FEI Number  
95-3653282 Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required