

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90462 040 \*\*\*150.00

60032161



04272006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # F94000006698</b> 1. Entity Name <b>KELLY STAFF LEASING, INC.</b>					
Principal Place of Business <b>999 W. BIG BEAVER RD. TROY, MI 48084 US</b>			Mailing Address <b>999 W. BIG BEAVER RD. TROY, MI 48084 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>95-3653282</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	<b>CCEO ADDERLEY, TERENCE E 999 WEST BIG BEAVER ROAD TROY, MI 48084</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Please see Listing Attached</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT ORSINI, MICHAEL F 999 W. BIG BEAVER RD. TROY, MI 48084</b> <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	<b>PCOO CAMDEN, CARL T 999 W BIG BEAVER RD TROY, MI 48084</b> <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	<b>EVPO GERBER, WILLIAM K 999 WEST BIG BEAVER ROAD TROY, MI 48084</b> <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	<b>SVPS REARDON, GEORGE 999 WEST BIG BEAVER RD TROY, MI 48084</b> <input checked="" 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	<b>VPT GALAC, SANDRA 999 W. BIG BEAVER RD. TROY, MI 48084</b> <input checked="" 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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>V.P., TAX</b> <b>4/27/06 948)244-4377</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**KELLY STAFF LEASING, INC.**  
Officers and Directors

FEIN - 95-3653282

NAME	TITLE	OFFICER	DIRECTOR	BUSINESS ADDRESS
Carl T. Camden	President and Chief Executive Officer	X	X	999 West Big Beaver Rd., Troy MI 48084
William K. Gerber	Executive Vice President, and Chief Financial Officer	X	X	999 West Big Beaver Rd., Troy MI 48084
M. S. Webster	Senior Vice President	X	X	999 West Big Beaver Rd., Troy MI 48084
Michael F. Orsini	Treasurer; Vice President, Tax	X		999 West Big Beaver Rd., Troy MI 48084
Peter W. Quigley	Secretary; Vice President, Law	X		999 West Big Beaver Rd., Troy MI 48084
J. L. Langenberg III	Vice President; Business Unit Leader	X		999 West Big Beaver Rd., Troy MI 48084

ATTACHMENT

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