

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000000179 (0)

1. Corporation Name

STAFF CONNXIONS, INC.



Principal Place of Business

Mailing Address

4041-F HADLEY RD., S.  
PLAINFIELD NJ 07080

4041-F HADLEY RD., S.  
PLAINFIELD NJ 07080

3. Date Incorporated or Qualified

01/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4041 HADLEY RD  
Suite, Apt. #, etc.

26 4041 HADLEY RD  
Suite, Apt. #, etc.

4. FEI Number

22-2869222

Applied For

Not Applicable

22 City & State

27 City & State

23 SOUTH PLAINFIELD, NJ

28 SOUTH PLAINFIELD, NJ

24 Zip Country

29 Zip Country

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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 the date

(If the Registered Agent signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME EKLUND, GEORGE J  
STREET ADDRESS 4041-F HADLEY RD.  
CITY-ST-ZIP S PLAINFIELD NJ ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VSD  
NAME KAPPAUF, DONALD W  
STREET ADDRESS 4041-F HADLEY RD.  
CITY-ST-ZIP S PLAINFIELD NJ ☐ DELETE

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

TITLE VTD  
NAME SKIPTUNIS, RAYMOND J  
STREET ADDRESS 4041-F HADLEY RD.  
CITY-ST-ZIP S PLAINFIELD NJ ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CD  
NAME DEICKMANN, KARL  
STREET ADDRESS 4041-F HADLEY RD.  
CITY-ST-ZIP S PLAINFIELD NJ ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed, or on an attachment with an address.

SIGNATURE:

KENNETH P. BEICE, VICEPRES. FINANCE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CHIEF FINANCIAL OFFICER

3/29/96 (908) 665-9548  
Date Phone

CR2E034 (12/95)