

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90069 044 \*\*\*150.00

DOCUMENT # F95000001957

1. Entity Name

INTELISTAF HEALTHCARE, INC.



Principal Place of Business

1000 S. RODNEY PARHAM RD  
LITTLE ROCK AR 72204

Mailing Address

18W140 BUTTERFIELD RD  
# 600  
OAKBROOK TERRACE IL 60181

2. Principal Place of Business

18 W140 Butterfield Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oakbrook Terrace, IL

City & State

Zip

Country

USA

Zip

Country

USA

Zip

Country

USA

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRIEDMANN, RALPH J III	
STREET ADDRESS	18 WEST 140 BUTTERFIELD RD STE 600	
CITY-ST-ZIP	OAKBROOK TERRACE IL 60181	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JIN, WALTER S	
STREET ADDRESS	520 MADISON AVE, 41ST FL	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	D-	<input type="checkbox"/> Delete
NAME	DAHL, W. ROBERT	
STREET ADDRESS	520 MADISON AVE 41ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	SVC	<input type="checkbox"/> Delete
NAME	FROISLAND, JIM	
STREET ADDRESS	18 WEST 140 BUTTERFIELD RD STE 600	
CITY-ST-ZIP	OAKBROOK TERRACE IL 60181	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	FROISLAND, JIM	
STREET ADDRESS	18 WEST 140 BUTTERFIELD RD STE 600	
CITY-ST-ZIP	OAKBROOK TERRACE FL 60181	
TITLE	VCAD	<input type="checkbox"/> Delete
NAME	FOODEN, BRYAN T	
STREET ADDRESS	18 WEST 140 BUTTERFIELD RD STE 600	
CITY-ST-ZIP	OAKBROOK TERRACE IL 60181	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weatherwax, Kip	
STREET ADDRESS	18 W140 Butterfield Rd, Ste. 600	
CITY-ST-ZIP	Oakbrook Terrace, IL 60181	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jin, Walter S	
STREET ADDRESS	520 Madison Ave. 41st Flr	
CITY-ST-ZIP	New York, NY 10022	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Friedmann, R.J. Jr	
STREET ADDRESS	1000 South Rodney Parham Rd	
CITY-ST-ZIP	Little Rock, AR 72204	
TITLE	V/CIO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Froisland, Jim	
STREET ADDRESS	18 W140 Butterfield Rd, Ste. 600	
CITY-ST-ZIP	Oakbrook Terrace, IL 60181	
TITLE	V/CDO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McDonnell, Karl	
STREET ADDRESS	18 W140 Butterfield Rd, Ste 600	
CITY-ST-ZIP	Oakbrook Terrace, IL 60181	
TITLE	V/CAO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fooden, Bryan T	
STREET ADDRESS	18 W140 Butterfield Rd, Ste 600	
CITY-ST-ZIP	Oakbrook Terrace, IL 60181	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kip Weatherwax 2/23/05 (630)916-3900

Date

Daytime Phone #

# ATTACHMENT

50020980

# F95000001957

INTELISTAF HEALTHCARE, INC.  
18W140 BUTTERFIELD ROAD, SUITE 600  
OAKBROOK TERRACE, IL 60181  
FEIN: 11-3257108

## LIST OF OFFICERS

NAMES	TITLE
Ralph J. Friedmann, III	President
James M. Froisland	Senior Vice President, Chief Financial Officer and Chief Information Officer
R.J. Friedmann, Jr.	Senior Vice President
Karl McDonnell	Senior Vice President, Chief Operating Officer
Kip Weatherwax	Vice President, Treasurer and Secretary
Bryan T. Fooden	Vice President, Chief Accounting Officer

## LIST OF DIRECTORS

Ralph J. Friedmann, III:	18W140 Butterfield Road, Suite 600, Oakbrook Terrace, IL 60181
R.J. Friedmann, Jr.:	1000 South Rodney Parham Road, Little Rock, AR 72204
Walter S. Jin:	520 Madison Avenue, 41st Flr., New York, NY 10022
W. Robert Dahl:	520 Madison Avenue, 41st Flr., New York, NY 10022
Ryan Schwarz:	1001 Pennsylvania Avenue, NW, Washington, DC 20004
Ray Holman:	3 Lorenzo Lane, St. Louis, MO 63124
John Short:	7733 Forsyth Blvd., Ste. 1700, St. Louis, MO 63105