

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001957

FILED
Apr 03, 2007
Secretary of State

Entity Name: INTELISTAF HEALTHCARE, INC.

Current Principal Place of Business:

18 W 140 BUTTERFIELD RD #600
OAKBROOK TERRACE, IL 60181

New Principal Place of Business:

18 W 140 BUTTERFIELD RD
SUITE 600
OAKBROOK TERRACE, IL 60181

Current Mailing Address:

18W140 BUTTERFIELD RD
600
OAKBROOK TERRACE, IL 60181

New Mailing Address:

FEI Number: 11-3257108 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLSTEAD, MICHAEL
Address: 18 WEST 140 BUTTERFIELD RD STE 600
City-St-Zip: OAKBROOK TERRACE, IL 60181

Title: D () Delete
Name: JIN, WALTER S
Address: 18W140 BUTTERFIELD RD
City-St-Zip: OAKBROOK TERRACE, IL 60181

Title: VP () Delete
Name: THOMAS, MARK
Address: 18W140 BUTTERFIELD STE 600
City-St-Zip: OAKBROOK TERRACE, IL 60181

Title: SEC () Delete
Name: WEATHERWAX, KIP
Address: 18 WEST 140 BUTTERFIELD RD STE 600
City-St-Zip: OAKBROOK TERRACE, IL 60181

Title: VP () Delete
Name: FOODEN, BRYAN T
Address: 18 WEST 140 BUTTERFIELD RD STE 600
City-St-Zip: OAKBROOK TERRACE, IL 60181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILSTEAD, MICHAEL
Address: 18 WEST 140 BUTTERFIELD RD STE 600
City-St-Zip: OAKBROOK TERRACE, IL 60181

Title: D (X) Change () Addition
Name: FRIEDMANN, RALPH
Address: 18W140 BUTTERFIELD RD
City-St-Zip: OAKBROOK TERRACE, IL 60181

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: CARR, MARY
Address: 18 WEST 140 BUTTERFIELD RD STE 600
City-St-Zip: OAKBROOK TERRACE, IL 60181

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN FOODEN

VP

04/03/2007

Electronic Signature of Signing Officer or Director

_____ Date