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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90048 004 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002646

1. Corporation Name

EXPRESS HUMAN RESOURCES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**ONE FINANCIAL CENTRE
650 S. SHACKLEFORD, STE 141
LITTLE ROCK AR 72211**

Mailing Address
**ONE FINANCIAL CENTRE
650 S. SHACKLEFORD, STE 141
LITTLE ROCK AR 72211**

3. Date Incorporated or Qualified

06/01/1995

4. FEI Number

71-0747451

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **ELEY, REX**

STREET ADDRESS **ONE FINANCIAL CENTRE, STE 141**

CITY-ST-ZIP **LITTLE ROCK AR**

TITLE **D** ☐ DELETE

NAME **FUNK, ROBERT A**

STREET ADDRESS **6300 NW EXPRESSWAY**

CITY-ST-ZIP **OKLAHOMA CITY OK**

TITLE **D** ☐ DELETE

NAME **STOLLER, WILLIAM**

STREET ADDRESS **621 SW MORRISON, SUITE 500**

CITY-ST-ZIP **PORTLAND OR**

TITLE **PD** ☐ DELETE

NAME **GILLOGLY, DAVID**

STREET ADDRESS **6300 NW EXPRESSWAY**

CITY-ST-ZIP **OKLAHOMA CITY OK**

TITLE **ST** ☐ DELETE

NAME **RICHARDS, TOM**

STREET ADDRESS **6300 NW EXPRESSWAY**

CITY-ST-ZIP **OKLAHOMA CITY OK**

TITLE **CFO** ☐ DELETE

NAME **BLOUGH, DEBBIE E**

STREET ADDRESS **13819 NAPOLEON RD.**

CITY-ST-ZIP **LITTLE ROCK AR 72211**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Asst. Sec

James Davis

650 S. Shackelford #141

Little Rock, AR 72211

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AMANDA W. REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

501-221-2503
Daytime Phone #

CR2E034 (11/98)