

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004802 (3)

1. Corporation Name  
LOGISTICS PERSONNEL CORP.

Principal Place of Business

6225 N 24TH ST  
PHOENIX AZ 85016  
US

Mailing Address

6225 N 24TH ST  
PHOENIX AZ 85016  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1995

4. FEI Number

86-0802394

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 or has paid the current year Intangible  
Personal Property Tax due June 30 ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

CORPORATION SERVICE COMPANY

82 Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

83

(this new agent is already on file with Florida)

84 City

TALLHASSEE

FL

85 Zip Code  
32301

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 *Paul M. Gales, Asst. VP*

CORPORATION SERVICE COMPANY

5/1/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	BRODY, MARVIN D	
STREET ADDRESS	6225 N 24TH ST	
CITY- ST- ZIP	PHOENIX AZ	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BELFER, HARVEY A	
STREET ADDRESS	6225 N 24TH ST	
CITY- ST- ZIP	PHOENIX AZ	

TITLE	S	<input type="checkbox"/> DELETE
NAME	FLEGENHEIMER, ROY	
STREET ADDRESS	6225 N 24TH ST	
CITY- ST- ZIP	PHOENIX AZ	

TITLE	TCFO	<input type="checkbox"/> DELETE
NAME	MORRIS, AARON C	
STREET ADDRESS	6225 N 24TH ST	
CITY- ST- ZIP	PHOENIX AR	

TITLE	P	<input type="checkbox"/> DELETE
NAME	HOLLIS, BILLY	
STREET ADDRESS	6225 N 24TH ST	
CITY- ST- ZIP	PHOENIX AZ	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FLEGENHEIMER, ROY A.	
1.3 STREET ADDRESS	6225 N 24TH ST.	
1.4 CITY- ST- ZIP	PHOENIX, AZ 85016	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		

3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GALES, PAUL M.	
3.3 STREET ADDRESS	6225 N. 24TH ST.	
3.4 CITY- ST- ZIP	PHOENIX, AZ 85016	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

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.

SIGNATURE:

PAUL M. GALES, SECRETARY 4/21/98 (602) 955-5556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone # 0625336

CR2E034 (10/97)