

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90002 047 ***550.00

DOCUMENT # **F95000005450**

1. Corporation Name

MFS DOMESTIC PERSONNEL, INC.



Principal Place of Business

Mailing Address

11808 MIRACLE HILLS DR

11808 MIRACLE HILLS DR

OMAHA NE 68154

OMAHA NE 68154

US

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1995

2. Principal Place of Business

500 CLINTON CENTER DR

2a. Mailing Address

1133 19th STREET, NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

DEPT. 8408

City & State

CLINTON MS

City & State

WASHINGTON, DC

Zip

39056

Country

USA

Zip

20036

Country

USA

4. FEI Number

47-0793263

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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 **PD** ☐ DELETE

NAME **BERNARD J EBBERS**

STREET ADDRESS **515 E AMITE ST**

CITY-ST-ZIP **JACKSON MS 39201**

TITLE **VPC** ☒ DELETE

NAME **DAVID F MYERS**

STREET ADDRESS **515 E AMITE ST**

CITY-ST-ZIP **JACKSON MS 39201**

TITLE **ST** ☐ DELETE

NAME **SCOTT D SULLIVAN**

STREET ADDRESS **515 E AMITE ST**

CITY-ST-ZIP **JACKSON MS 39201**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **500 CLINTON CENTER DR.**

1.4 CITY-ST-ZIP **CLINTON, MS 39056**

2.1 TITLE **VP + GEN. TAX COUNSEL** ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS **WALTER NAGEL**

2.4 CITY-ST-ZIP **1133 19th ST, NW**

3.1 TITLE **STD** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **500 CLINTON CENTER DR.**

3.4 CITY-ST-ZIP **CLINTON, MS 39056**

4.1 TITLE **ASST SECT** ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS **CHARLES CANNADA**

4.4 CITY-ST-ZIP **500 CLINTON CENTER DR.**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Walter Nagel
VP + Gen. Tax Counsel

9/13/99

202-736-6000

CR2E034 (5/99)