: F910000002228

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SPENTAN SEE, FLORIDA

Ps. Halawat



Date: (170 BER Z1, 2002

TO: FLORIDA DEPT- OF STATE, AMENDMENT SECTION

From: Kelly Services, Inc.

Re: Withdrawal of its subsidiary Kelly Staffing Alternatives, Inc.

Dear Sir or Madam:

Enclosed are the necessary documents and fees, per your instructions, to accomplish the withdrawal of Kelly Staffing Alternatives, Inc. from your state.

To document our records, we request that you please return to this office a stamped copy or your customary document which confirms withdrawal of this entity from your state. A self-addressed, stamped envelope is enclosed for this purpose if you require it.

Thank you for your assistance in this regard.

Carola Poupadel

Very truly yours,

KELLY SERVICES, INC.

Carol A. Porzadek Legal Assistant

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Kelly Staffing Alternatives, Inc.				
(Name of Corpo	ration)			
Delaware				
(Incorporated Unde	er Laws Of)			
This corporation is no longer transacting business or and hereby voluntarily surrenders its authority to trans	-			
This corporation revokes the authority of its registed behalf and appoints the Department of State as its agaction arising during the time it was authorized to tra	gent for service of process ba	ised on a cai	ise of	
The following is a current mailing address for the con	rporation:	FALLAH	02 OCT	2 6
999 West Big Beaver Rd.		HAS	N	
(Mailing Add Troy, MI 48084	iress)	SEE, FLOI	02 OCT 23 PM 3:1	m O
(City/ State /	/Zip)	DA	Ŧ	
The corporation agrees to notify the Department of Saddress. Long M. Lewdon Signature of the chairman or vice chairman of the board,	Sr. VP, Secretary, and Gener Title		ailing	
president, or any officer, or if the corporation is in the han receiver, trustee, or other court-appointed fiduciary, by the George M. Reardon Typed or printed name	ds of a at fiduciary. O / 2 1 / 0 2 Date			•