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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000002980 (8)

1. Corporation Name
ARCUS DATA STAFFING, INC.



Principal Place of Business
222 WEST LAS COLINAS BLVD
STE 850
IRVING TX 75039

Mailing Address
222 WEST LAS COLINAS BLVD
STE 850
IRVING TX 75039-5444

3. Date Incorporated or Qualified
06/13/1996

3a. Date of Last Report

4. FEI Number
94-3229868

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BAILEY, CLARKE H	
STREET ADDRESS	667 MADISON AVE., 25TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SEEFURTH, THOMAS H	
STREET ADDRESS	2895 WHIPPLE ROAD	
CITY-ST-ZIP	UNION CITY CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HAYES, FRANK G	
STREET ADDRESS	200 W MADISON ST., STE 3800	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MEYER, JULIEN H	
STREET ADDRESS	667 MADISON AVE., 25TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MUSKOPF, DONALD W	
STREET ADDRESS	222 W LAS COLINAS BLVD., STE 850	
CITY-ST-ZIP	IRVING TX	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	WOLF, G. THEODORE	
STREET ADDRESS	14 SOUTH DUKE STREET	
CITY-ST-ZIP	LANCASTER, PA 17602	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/24/97 970-506-0611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)