

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

FILED
May 01 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 # F96000002980 (8)

1. Corporation Name
ARCUS STAFFING RESOURCES, 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1996

4. FEI Number

94-3229068

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

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 CD
NAME BAILEY, CLARKE H
STREET ADDRESS 667 MADISON AVE., 25TH FLOOR
CITY-ST-ZIP NEW YORK NY

☒ DELETE

TITLE P
NAME WOLF, G THEODORE
STREET ADDRESS 14 S DUKE ST
CITY-ST-ZIP LANCASTER PA

☒ DELETE

TITLE V
NAME HAYES, FRANK G
STREET ADDRESS 200 W MADISON ST., STE 3800
CITY-ST-ZIP CHICAGO IL

☒ DELETE

TITLE VS
NAME MEYER, JULIEN H
STREET ADDRESS 667 MADISON AVE., 25TH FLOOR
CITY-ST-ZIP NEW YORK NY

☒ DELETE

TITLE VT
NAME MUSKOPF, DONALD W
STREET ADDRESS 222 W LAS COLINAS BLVD., STE 850
CITY-ST-ZIP IRVING TX

☐ DELETE

TITLE COB
NAME C RICHARD REESE
STREET ADDRESS 745 ATLANTIC AVE
CITY-ST-ZIP BOSTON, MA 02111

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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:

[Signature]

4/22/98

CR2E034 (10/97)