


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000002980 1. Corporation Name ARCUS STAFFING RESOURCES, INC.			
2. Principal Office Address 1000 Campus Drive Suite, Apt. #, etc. City & State Collegeville, PA Zip 19426 Country USA		3. Mailing Office Address 745 Atlantic Avenue Suite, Apt. #, etc. 10th Floor City & State Boston, MA Zip 02111 Country USA	

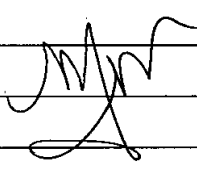
FILED
 01 AUG 27 PM 12: 27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2000-01

4. Date Incorporated or Qualified To Do Business in Florida 6/13/96	5. FEI Number 943229868 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Corporation Service Company		
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent <u>Louise B Smith</u> REGISTERED AGENT MUST SIGN	Date 8/24/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			See attached list.
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
			

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: <u>Garry B Watzke</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>GARRY B WATZKE</u> Date 8/15/01	(617) 535-4766 Daytime Phone #	Via PMS

CR2001 (9/00)

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COMAC, Inc.
f/k/a Arcus Staffing Resources, Inc.

DIRECTOR AND OFFICERS

DIRECTOR		
Title	Name	Address
Sole Director	C. Richard Reese	745 Atlantic Avenue Boston, MA 02111
CHAIRMAN OF THE BOARD		
Chairman	C. Richard Reese	745 Atlantic Avenue Boston, MA 02111
OFFICERS		
President	Ross Engelman	COMAC, Inc. 1000 Campus Drive Collegeville, PA 19426
Executive Vice President and Chief Financial Officer	John F. Kenny, Jr.	745 Atlantic Avenue Boston, MA 02111
Executive Vice President and Chief Operating Officer	Sayed Chadhoury	555 Sinclair Frontage Road Milpitas, CA 95035
Vice President and Treasurer	John P. Lawrence	745 Atlantic Avenue Boston, MA 02111
Vice President, Sales	Ralph Mannheimer	555 Sinclair Frontage Road Milpitas, CA 95035
Vice President, Real Estate	Tony A. Ryan	745 Atlantic Avenue Boston, MA 02111
Vice President and Controller	Jean Bua	745 Atlantic Avenue Boston, MA 02111
Vice President and Secretary	Garry B. Watzke	745 Atlantic Avenue Boston, MA 02111



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ACCOUNT NO. : 072100000032
 REFERENCE : 440482 4321862
 AUTHORIZATION : *Patricia Pignatelli*
 COST LIMIT : \$ 900.00

ORDER DATE : August 23, 2001
 ORDER TIME : 9:45 AM
 ORDER NO. : 440482-020
 CUSTOMER NO: 4321862
 CUSTOMER: Ms. Ann Carbone
 Iron Mountain Incorporated
 745 Atlantic Avenue
 10th Floor
 Boston, MA 02111

REINSTATEMENT

NAME: ARCUS STAFFING RESOURCES INC.

FILE FIRST

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____

RECEIVED
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 2001 AUG 27 AM 11:30
 NOT INTENDED
 TO ACKNOWLEDGE
 SUFFICIENCY OF FILING