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Feb 20 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # F96000004178

1. Corporation Name: Temps + Co. SERVICES, INC. OF DELAWARE

Principal Place of Business	Mailing Address
1060 Maitland Ctr. Suite 411 Maitland, FL 32751	177 Crossways Park Dr. Woodbury, NY 11797

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified: 2/26/96	2a. Date of Last Report: N/A
21 2. Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country
4. FEI Number: 11-3305414	☐ 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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Corporation Service Company 1201 Hays St. Tallahassee, FL 32301	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City: FL / 35 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman	11 TITLE	☐ Change ☐ Addition
NAME	Walter Macauley	12 NAME	
STREET ADDRESS	177 Crossways Park Dr.	13 STREET ADDRESS	
CITY - ST - ZIP	Woodbury, NY 11797	14 CITY - ST - ZIP	
TITLE	Treasurer	21 TITLE	☐ Change ☐ Addition
NAME	Michael Druckman	22 NAME	
STREET ADDRESS	177 Crossways Park Dr.	23 STREET ADDRESS	
CITY - ST - ZIP	Woodbury, NY 11797	24 CITY - ST - ZIP	
TITLE	AVP-TAXES	31 TITLE	☐ Change ☐ Addition
NAME	Robert Calabro	32 NAME	
STREET ADDRESS	177 Crossways Park Dr.	33 STREET ADDRESS	
CITY - ST - ZIP	Woodbury, NY 11797	34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	600002092726
STREET ADDRESS		63 STREET ADDRESS	-02/20/97--01010--005
CITY - ST - ZIP		64 CITY - ST - ZIP	200.00

1/15 2/20

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Robert Calabro 4/24/96 (516) 682-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5W1160 1.000