

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

96 AUG 26 AH 10: 02

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present,
2.	DE 3,76-0479977
	(State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	9/11/95 5. perpetual 57' = 1
	(Date of Incorporation) (Duration: Year corp. will cease to exist pr perpetual*1
€.	Upon qualification The Contract of the Contrac
	(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, E.S.)
7	5151 San Felipe, Suite 1600
•	0,18
	Houston TX 77056
_	personnel staffing
٥.	
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9.	. Name and street address of Florida registered agent:
	Name: Corporation Service Company
	Office Address: 1201 Hays Street
	Tallahassee , Florida, 32301 (Zip Code)

10. Registered agent's acceptance:

1 Allies Staffing, Inc.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Obla Culla Assistant Secretary (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12:	2. Names and addresses of officers and/or directors:							
۸.	DIRECTORS							
	Chairman:	SEE ATTACHED						
	Vice Chairr	nan;						
	Address:							
	Director:							
	Address:							
	Director:							
	Address:		96 SEC					
B.	OFFICERS		AUG 2					
	President:		17 6 P					
	Address:							
			5 6					
		ent:						
	Address:							
	•							
	Secretary: .							
	Address:							
	- Treasurer: .							
	Address:							
	11441005.							
NOT direc	E: If necessary, you may tors.	attach an addendum to the application listing additional	officers and/or					
13.	W. teel							
(8	Signature of Chairman, Vice Ch	airman, or any officer listed in number 12 of the application.						
14.	William L. Fiedler (Typed or printed name and	capacity of person signing application)						

ALLIES STAFFING, INC.

DIRECTORS:

Director James E. Rief

Primary : 5151 San Felipe

Address : Suite 1600 Houston TX 77056

Rick Shaw Director

Primary : 5151 San Felipe Address : Suite 1600 Houston TX 77056

Daniel B. Davis Director

Primary : 5151 San Felipe

: Suite 1600 Houston, Texas 77056 Address

OFFICERS:

President Daniel B. Davis

Primary : 5151 San Felipe Address : Suite 1600

Houston, Texas 77056

Vice President Roberta Bell

Primary : 9014 Agnes Street Corpus Chrisi, TX 78406 Address:

William L. Fiedler Secretary

Primary : 5151 San Felipe

Address : Suite 1600 Houston, TX 77056-3609

T. Wayne Wren Treasurer

Primary : 5151 San Felipe : Suite 1600 Address Houston TX 77082

Assistant Secretary Colleen M. Rooney

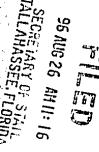
Primary : 5151 San Felipe, Suite 1600 Address : Houston, TX 77056-3609

State of Delaware Office of the Secretary of State

T, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLIES STAFFING, THE." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS THE GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIPD DAY OF AUGUST, A.D. 1996.

AND T DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



Edward J. Freel, Secretary of State

AUTHENTICATION:

8079392

DATE:

08-23-96

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Document Number Only

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Requestor		efferson Str	cet				
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City	State	Zlp	Phone	2	200002310012-		
CORPORATION(S			(S) NAME		-10/02/9701056023 *****35.80 *****35.0		
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Verifier Acknowled	dgment			KH K		ange	
W.P. Verifi	 er				56	10/~11/	

CR2E031 (1-89)

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0302, 617.0502, 60 the undersigned corporation organized under the laws of the St	7.1508, or 617.1508, Florida Statutes,				
submits the following statement in order to change its registere the State of Florida.	d office or registered agent, or both, in				
1. The name of the corporation is: Allies Staffing, Inc.					
2. The mailing address of the corporation is: 5151 SAN F HOUSTON, TX 77056	ELIPE, SUITE 1600				
3. Date of incorporation/qualification: 8-26-1996 Docu	ment number: <u>F96000004352</u>				
4 PPL	97 97				
4. The name and address of the current registered agent ar					
CORPORATION SERVICE COMPANY					
1201 HAYS ST., STE, 105	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				
TALLAHASSEE, FL 32301 US					
	المراجع				
5. The name and address of the new registered agent and o	office: (P. O. Box Not Acceptable) 🗸 🚡				
C T CORPORATION SYSTEM					
1200 SOUTH PINE ISLAND RD.					
Plantation, Florida 33324					
The street address of its registered office and the street add	ress of the husiness office of its				
registered agent, as changed, will be identical.	ices of the business office of its				
Such change was authorized by resolution duly adopted by	its based of dissolves on his an				
officer so authorized by the board.	its board of directors or by an				
officer so audiorized by the sold.	1 1				
Loutha (hands	9/25/97				
(Signature of an officer, chairman or vice chairman of the board)	(Date)				
	() (
Loretta Charles, Vice President	September 25, 1997				
(Printed or typed name and title)	(Date)				
Having been named as registered agent and to accept service of	neacess for the above stated				
corporation, I hereby accept the appointment as registered agent	process for the above stated				
further agree to comply with the provisions of all statutes relative	e to the proper and complete				
performance of my duties, and I am familiar with and accept the	obligation of my position as				
registered agent.	congution of my position as				
A Col	10/1/2-				
(Signature of Registered Agent)	Drie Drie				
If signing on behalf of an entity:	(Date)				
Dwight Coots	Assistant Secretary				
(Typed or Printed Name)	(Capacity)				
CR2E045(4/95)	FILING FEE: \$35.00				
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