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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F960000043521

1. Corporation Name  
ALLIES STAFFING, INC.

Principal Place of Business  
5151 SAN FELIPE #1600  
HOUSTON TX 77056

Mailing Address  
100 KING ST WEST  
22ND FLR  
HAMILTON ON L7N4J  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/26/1996

4. FEI Number  
76-0479977

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
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 P ☐ DELETE  
NAME THOMAS, ALEC  
STREET ADDRESS 5151 SAN FELIPE, STE 1600  
CITY-ST-ZIP HOUSTON TX 77056

TITLE VP ☐ DELETE  
NAME PETERSON, TOM  
STREET ADDRESS 5151 SAN FELIPE, SUITE 1600  
CITY-ST-ZIP HOUSTON TX 77056

TITLE S ☐ DELETE  
NAME SOULE, COLIN  
STREET ADDRESS 100 KING STREET WEST  
CITY-ST-ZIP HAMILTON ON L8N4J

TITLE T ☐ DELETE  
NAME RAMIREZ, MICHAEL W  
STREET ADDRESS 5151 SAN FELIPE, STE 1600  
CITY-ST-ZIP HOUSTON TX 77056

TITLE D ☐ DELETE  
NAME THOMAS, ALEC  
STREET ADDRESS 5151 SAN FELIPE, STE 1600  
CITY-ST-ZIP HOUSTON TX 77056

TITLE D ☒ DELETE  
NAME SHAW, RICK  
STREET ADDRESS 5151 SAN FELIPE, #1600  
CITY-ST-ZIP HOUSTON TX 77056

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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Secretary  
Date *June 16, 1999* Daytime Phone #

CR2E034 (11/98)