

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
90 JUN 23 PM 2:56

CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96-000005297  
1. Corporation Name  
CORESTAFF Acquisition Sub #6, Inc.

Principal Place of Business: 4400 Post Oak Parkway Suite 1100  
Houston Tx 77027.3413

700002571677- - 3  
-06/25/98--01002--026  
DO NOT WRITE IN THESE SPACES \*\*\*\*\*8.75 \*\*\*\*\*8.75

|                                      |                           |                          |                  |                                                                                                                                                                 |  |                                   |  |
|--------------------------------------|---------------------------|--------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------|--|
| 2. Principal Place of Business       |                           | 2a. Mailing Address      |                  | 4. FEI Number                                                                                                                                                   |  | 3. Date Incorporated or Qualified |  |
| 21                                   | <u>4400 Post Oak Pkwy</u> | 26                       | <u>Same as 2</u> | <u>76.051597</u>                                                                                                                                                |  | <u>10-11-96</u>                   |  |
| Suite, Apt. #, etc<br>22 <u>1100</u> |                           | Suite, Apt. #, etc<br>27 |                  | Applied For<br>Not Applicable                                                                                                                                   |  |                                   |  |
| City & State<br>23 <u>Houston Tx</u> |                           | City & State<br>28       |                  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <u>\$8.75 Additional Fee Required</u>                                                      |  |                                   |  |
| Zip<br>24 <u>77027</u>               | Country<br>25 <u>US</u>   | Zip<br>29                | Country<br>30    | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <u>\$5.00 May Be Added to Fees</u>                                           |  |                                   |  |
|                                      |                           |                          |                  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                   |  |

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 | <u>700002571677- - 3</u>                           |
| 84 | City                                               |
|    | <u>-06/25/98--01002--027</u>                       |
|    | <u>*****550.00 *****550.00</u>                     |
|    | <u>FL</u>                                          |

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 Lorie Bryan Lorie Bryan Special Asst. Secretary 6-23-98  
Signature (Type or print name, then sign and date. If not applicable, leave blank.) (Name of Registered Agent, signature required when reinstating) (DATE)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 1.2 NAME                                              | <u>See Rider A</u>                                                |
| STREET ADDRESS             |                                 | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 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.

CR2E034 (10/97)

**CORESTAFF ACQUISITION SUB #6, INC.**

**Rider A**

**Directors:**

Michael T. Willis  
4400 Post Oak Parkway, Suite 1100  
Houston, Texas 77027-3413

Peter T. Dameris  
4400 Post Oak Parkway, Suite 1100  
Houston, Texas 77027-3413

**Officers:**

Michael T. Willis, Chief Executive Officer  
4400 Post Oak Parkway, Suite 1100  
Houston, Texas 77027-3413

Robert H. McNabb, President  
4400 Post Oak Parkway, Suite 1100  
Houston, Texas 77027-3413

Edward L. Pierce, Senior Vice President  
4400 Post Oak Parkway, Suite 1100  
Houston, Texas 77027-3413

Peter T. Dameris, Senior Vice President and Secretary  
4400 Post Oak Parkway, Suite 1100  
Houston, Texas 77027-3413

John Riley, Senior Vice President  
2729 W. Fairbanks Avenue  
Winter Park, Florida 32789

Robert W. Lewey, Vice President  
4400 Post Oak Parkway, Suite 1100  
Houston, Texas 77027-3413

Margaret G. Reed, Vice President and Assistant Secretary  
4400 Post Oak Parkway, Suite 1100  
Houston, Texas 77027-3413