

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

FILED

May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006565 (3)

1. Corporation Name  
EMPLOYEE SOLUTIONS, INC.

Principal Place of Business

6225 N 24TH ST  
PHOENIX AZ 85016  
US

Mailing Address

6225 N 24TH ST  
PHOENIX AZ 85016  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1996

4. FEI Number

86-0676898

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

83

(this new agent is already on file with Florida)

84 City

Tallahassee

FL

85 Zip Code

32301

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

*Mary G. Kerry, Asst. VP*

CORPORATION SERVICE COMPANY

5/1/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
CAIN, EDWARD L.  
6225 N 24TH ST  
PHOENIX AZ

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
GALES, PAUL  
6225 N 24TH ST  
PHOENIX AZ

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
FLEGENHEIMER, ROY A  
6225 N 24TH ST  
PHOENIX AZ

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TCFO  
AARON, MORRIS C  
6225 N 24TH ST  
PHOENIX AZ

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BELFER, HARVEY  
6225 N 24TH ST  
PHOENIX AZ

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
COLBY, JEFFREY A  
6225 N 24TH ST  
PHOENIX AZ

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
C/D/P  
BRODY, MARVIN D.  
6225 N 24TH ST  
PHOENIX AZ 85016

☐ Change ☒ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
S  
GALES, PAUL

☒ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
ASST. S  
FLEGENHEIMER, ROY A

☒ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
D  
MUELLER, ROBERT L.  
6225 N 24TH ST  
PHOENIX AZ 85016

☐ Change ☒ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
D  
DIAL, SARA R.  
6225 N 24TH ST  
PHOENIX AZ 85016

☐ Change ☒ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP  
D  
SMITH, QUENTIN P. JR.  
6225 N 24TH ST  
PHOENIX AZ 85016

☐ Change ☒ Addition

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.

SIGNATURE:

*Paul M. Gales*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL M. GALES, SECRETARY

4/21/98

(602) 955-5556

Date Display Phone # 0625336

CR2E034 (10/97)