

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006610 (7)

1. Corporation Name

MARINERSELECT STAFFING SOLUTIONS, INC.

Principal Place of Business

125 EUGENE O'NEILL DR.  
NEW LONDON CT 06320

Mailing Address

125 EUGENE O'NEILL DR.  
NEW LONDON CT 06320



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/17/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 06-1462360	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRATTON, ARTHUR W JR., MD	1.2 NAME	
STREET ADDRESS	125 EUGENE O'NEILL DR.	1.3 STREET ADDRESS	1881 Worcester Rd.
CITY-ST-ZIP	NEW LONDON CT	1.4 CITY-ST-ZIP	Framingham, MA 01701
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRATTON, NANCY L	2.2 NAME	
STREET ADDRESS	125 EUGENE O'NEILL DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW LONDON CT 06320	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, CHERYL L	3.2 NAME	
STREET ADDRESS	125 EUGENE O'NEILL DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW LONDON CT	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANSEN, DAVID N	4.2 NAME	
STREET ADDRESS	125 EUGENE O'NEILL DR	4.3 STREET ADDRESS	1881 Worcester Rd.
CITY-ST-ZIP	NEW LONDON CT	4.4 CITY-ST-ZIP	Framingham, MA 01701
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Gilligan, Alison K.
STREET ADDRESS		5.3 STREET ADDRESS	125 Eugene O'Neill Dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	New London, CT 06320
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Dixon, Thomas P.
STREET ADDRESS		6.3 STREET ADDRESS	695 Atlantic Ave. Ste 11
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Boston, MA 02111

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: [Signature] Date: 5/14/98

CR2E034 (10/97)