


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90038 002 \*\*\*150.00

<b>DOCUMENT # F96000006768</b> 1. Entity Name <b>OLSTEN STAFFING SERVICES CORP.</b>					
Principal Place of Business <b>175 BROAD HOLLOW RD MELVILLE, NY 11747</b>			Mailing Address <b>175 BROAD HOLLOW RD TAX DEPT MELVILLE, NY 11747</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROE, RAYMOND		NAME		
STREET ADDRESS	175 BROOD HOLLOW RD		STREET ADDRESS		
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP		
TITLE	VPCF	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LYONS, PATRICK		NAME	<b>Stephen Nolan</b>	
STREET ADDRESS	175 BROAD HOLLOW ROAD		STREET ADDRESS	<b>175 Broad Hollow Rd</b>	
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP	<b>Melville NY 11747</b>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMALHEISER, HARVEY		NAME		
STREET ADDRESS	175 BROAD HOLLOW RD		STREET ADDRESS		
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WASHINGTON, JYRL		NAME		
STREET ADDRESS	175 BROAD HOLLOW RD		STREET ADDRESS		
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KARABELAS, DIANA		NAME		
STREET ADDRESS	175 BROAD HOLLOW ROAD		STREET ADDRESS		
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALCIDE, PETER		NAME		
STREET ADDRESS	175 BROAD HOLLOW ROAD		STREET ADDRESS		
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <b>Harvey Smalheiser Vice President of Taxation</b> <span style="float: right;">Date: <b>1/27/05</b></span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Daytime Phone #</span>					