

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001234

FILED  
Jan 30, 2004  
Secretary of State

**Entity Name:** HEADWAY CORPORATE STAFFING SERVICE OF NORTH CAROLINA, INC.

**Current Principal Place of Business:**

7901 STRICKLAND RD  
RALEIGH, NC 27615

**New Principal Place of Business:**

**Current Mailing Address:**

7901 STRICKLAND RD  
RALEIGH, NC 27615

**New Mailing Address:**

317 MADISON AVENUE  
3RD FLOOR  
NEW YORK, NY 10017

**FEI Number:** 13-3923926

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROSEMAN, BARRY  
Address: 317 MADISON AVE  
City-St-Zip: NEW YORK, NY 10017

Title: S ( ) Delete  
Name: SCHWARTZ, JAMIE  
Address: 317 MADISON AVE  
City-St-Zip: NEW YORK, NY 10017

Title: VP (X) Delete  
Name: MILLER, MICHAEL  
Address: 7901 STRICKLAND RD  
City-St-Zip: RALEIGH, NC 27615

Title: T ( ) Delete  
Name: LEVINSON, PHILICIA G  
Address: 317 MADISON AVE  
City-St-Zip: NEW YORK, NY 10017

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SAKEY, JEAN-PIERRE  
Address: 317 MADISON AVE  
City-St-Zip: NEW YORK, NY 10017

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILICIA G. LEVINSON

T

01/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date