2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/4/2003-90142-001-$550.00-$550.00

FILED
03 SEP 22 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

015800 2 FL

DOCUMENT # F97000001234

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

Principal Place of Business
2003 HIGHWAY 54
DURHAM NC 27713

Mailing Address
2003 HIGHWAY 54
DURHAM NC 27713

2. Principal Place of Business
7901 Strickland Rd.
Suite, Apt. #, etc.
City & State: Raleigh, NC
Zip: 27615
Country

3. Mailing Address
7901 Strickland Rd.
Suite, Apt. #, etc.
City & State: Raleigh, NC
Zip: 27615
Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 13-3923926 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	TD ☐ Delete	TITLE	President ☑ Change ☐ Addition
NAME	ROSEMAN, BARRY	NAME	Barry Roseman
STREET ADDRESS	850 3RD AVE	STREET ADDRESS	317 Madison Ave
CITY-ST-ZIP	NEW YORK NY 10017	CITY-ST-ZIP	New York, NY 10017
TITLE	P ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	LIST, MICHAEL	NAME	
STREET ADDRESS	317 MADISON AVE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	CITY-ST-ZIP	
TITLE	EVP ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, GARY	NAME	
STREET ADDRESS	850 3RD AVE., 11TH FL	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, JAMIE	NAME	
STREET ADDRESS	317 MADISON AVE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	MILLER, MICHAEL	NAME	
STREET ADDRESS	2003 HWY ST.	STREET ADDRESS	7901 Strickland Rd.
CITY-ST-ZIP	DURHAM NC 27713	CITY-ST-ZIP	Raleigh, NC 27615
TITLE	☐ Delete	TITLE	Treasurer ☐ Change ☑ Addition
NAME		NAME	Philicia G. Levinson
STREET ADDRESS		STREET ADDRESS	317 Madison Ave
CITY-ST-ZIP		CITY-ST-ZIP	New York, NY 10017

CR2E034 (4/03)

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.

SIGNATURE: SIGNATURE REQUIRED _____ (212)672-6661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #