FILED Aug 15, 2000 8:00 am

1. Entity Nam UNITED	D STAFFING OF AMERICA, LTD). CORPORATION	`	J	S	Secretary 08-15-2000 9000				
2851 HIGH ME 101		Mailing Address 2851 HIGH MEADOW CR 101 AUBURN HILLS MI 48326 3. Mailing Address								
auburn Hill	S MI 48326									
2. Principal P	Place of Business				DO NOT WRITE IN THIS SPACE					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.								
City & State		City & State			4. FEI Number	38-3338677		Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of St	tatus Desired		3.75 Additional e Required		
	6Name and Address of Current Re	egistered Agent ————			-7Name and Add	iress of New Register	ed Age	ent		
			1	Name						
			F	Street Address (P.O. Box Number is Not Acceptable)						
	C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		L	01100111000	(1.0. Box (tomber la)					
PLA	ANTATION FL 33324									
				City			FL	Zip Code		
8. The above	named entity submits this statement for t	he purpose of changing its	registered	office or registe	ered agent, or both, in	the State of Florida.				
SIGNATURE .										
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE	: Registered A	gent signature require	ed when reinstating)	DA	Æ			
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$ Make Check Payable to Department of S			. In its fund contribution I I Added to Feas					
11.	OFFICERS AND D		12.	•		NGES TO OFFICERS				
TITLE	CP	🔀 Delete	TITLE	Dir	mbka, Bria	n. W.	×	Change 🔲 Addition		
NAME	LAMBKA, BRIAN W			ADDRESS 23	51 Hick Mea	dow circle :	suit	e 101		
STREET ADDRESS CITY-ST-ZIP			CITY-ST			MI 483				
TITLE	P AUDUNI TRLES WII 46326	₩ Delete	TITLE			trolling Pers		Change Addition		
NAME	MEADE, THOMAS C	MA Deide	NAME	286	CI Hick HA	eadow Circl	~~ <i>P</i>			
STREET ADDRESS	2851 HIGH MEADOW CR SUITE	101		ADDRESS A	h	ATT 1 C = -	-	, , , e 10 j		
CITY-ST-ZIP	AUBURN HILLS MI 48326	• •	CITY-ST	I-ZIP	BALLA MIIR	MI 4832	k			

(See criter	ria on back)		Make Check Payable	to Department	of State	Trust Fund	CONTIDUTION,	Ц	Aagea	to Fees	
11.	OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP LAMBKA, BRIAN W 2851 HIGH MEADOW AUBURN HILLS MI 48		≨ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2351 H	a, Brian igh Meud	w. low circle MI 48			Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEADE, THOMAS C 2851 HIGH MEADOW AUBURN HILLS MI 48		₩ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Preside 2851 H Aubur	ligh Med	trolling Per adow Sciri MI 483	de Su	hange ite 1	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLESIMO, DAVID (2851 HIGH MEADOW AUBURN HILLS MI 48	CR SUITE 10	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				. CI	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u> </u>	hange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				CI	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			de Chatalana Libraria	□ cı	v	☐ Addition	

indicated on this report or supplied with the information 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 11 or Block 12 if changed, or on an attachment with maddress, with all other like empowered.

SIGNATURE:

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9700001605

CR2E034 (5/00)