

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

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000002989 (8)

1. Corporation Name

STAFFING SERVICES, INC.

Principal Place of Business

Mailing Address

10400 FERNWOOD RD.
BETHESDA MD 20817

10400 FERNWOOD RD.
BETHESDA MD 20817



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1997

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S
BRUFF, CAROL
10400 FERNWOOD RD.
BETHESDA MD 20817

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S
STEWART, G C III
10400 FERNWOOD RD.
BETHESDA MD 20817

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S
STANT, JEFF B
10400 FERNWOOD RD.
BETHESDA MD 20817

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S
MONTANO, KEVIN E
10400 FERNWOOD RD.
BETHESDA MD 20817

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S
PULSE, M L JR
10400 FERNWOOD RD.
BETHESDA MD 20817

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S
CORDERO, MARITZA
10400 FERNWOOD RD.
BETHESDA MD 20817

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

P/D
Johnson, Paul E Jr
10400 Fernwood Rd.
Bethesda MD 20817

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

S
McGlockton, Joan Rector
10400 Fernwood Rd
Bethesda MD 20817

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

AS
800002428588
-02/12/98--01030--029
***150.00

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

AS
Benz, Nancy L
10400 Fernwood Rd.
Bethesda MD 20817

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

D/VP/T
Morrow, Terrence P
10400 Fernwood Rd
Bethesda MD 20817

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

D/VP
Shaw, William J.
10400 Fernwood Rd
Bethesda MD 20817

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]

2/2/98

CR2E034 (10/97)