

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

FILED

Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006464 (8)

1. Corporation Name
RECRUITMENT SOLUTIONS, INC. (MASSACHUSETTS)

Principal Place of Business
10 TREMONT ST.
BOSTON MA 02108

Mailing Address
10 TREMONT ST.
BOSTON MA 02108



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/09/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 297 North St.	04-3247934	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27 One Financial Pl #3	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28 Hyannis MA	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation owes or has paid the current year Intangible	Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
24	29 02601		
Country	Country		
25	30 USA		

9. Name and Address of Current Registered Agent

SCARBOROUGH, ANDREA
310 WEST SOUTH AVE
TAMPA FL 33603

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVTC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCH, ANDREW	1.2 NAME	
STREET ADDRESS	50 SOUTH SEA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. YARMOUTH MA 02673	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIZE, TONY V	2.2 NAME	
STREET ADDRESS	55 DEXTER ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON MA 02186	2.4 CITY-ST-ZIP	
TITLE	VC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANTLAM, FRANCIS	3.2 NAME	
STREET ADDRESS	380 SPINNAKER WAR/CONCORD/ONTARIO	3.3 STREET ADDRESS	
CITY-ST-ZIP	CANADA L4K-4W1	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALIK, ALLEN	4.2 NAME	
STREET ADDRESS	145 STEINMETZ DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER NH 03104	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCH, JENNIFER	5.2 NAME	
STREET ADDRESS	50 SOUTH SEA AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	W. YARMOUTH MA 02673	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

CR2E034 (10/97)