

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90074 037 \*\*\*150.00

DOCUMENT # F97000006903

1. Corporation Name

OLSTEN STAFFING SERVICES (AREA ONE), INC.



Principal Place of Business  
175 BROAD HOLLOW ROAD  
MELVILLE NY 11747

Mailing Address  
175 BROAD HOLLOW ROAD  
MELVILLE NY 11747

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1997

4. FEI Number

11-3392276

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
4435 OLD WINTER GARDEN ROAD  
ORLANDO FL 32802

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 PD ☒ DELETE  
NAME PISKE III, RICHARD A  
STREET ADDRESS 175 BROAD HOLLOW ROAD  
CITY-ST-ZIP MELVILLE NY 11747

1.1 TITLE P ☐ Change ☒ Addition  
1.2 NAME Ronald A. Malone  
1.3 STREET ADDRESS 175 Broad Hollow Rd  
1.4 CITY-ST-ZIP Melville, NY 11747

TITLE VAS ☐ DELETE  
NAME COSTANTINI, WILLIAM P  
STREET ADDRESS 175 BROAD HOLLOW ROAD  
CITY-ST-ZIP MELVILLE NY 11747

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VT ☐ DELETE  
NAME PUGLISI, ANTHONY J  
STREET ADDRESS 175 BROAD HOLLOW ROAD  
CITY-ST-ZIP MELVILLE NY 11747

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VS ☐ DELETE  
NAME LADEROUTE JR, LAURIN L  
STREET ADDRESS 175 BROAD HOLLOW ROAD  
CITY-ST-ZIP MELVILLE NY 11747

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME LIGUORI, FRANK N  
STREET ADDRESS 175 BROAD HOLLOW ROAD  
CITY-ST-ZIP MELVILLE NY 11747

5.1 TITLE D ☐ Change ☐ Addition  
5.2 NAME Edward A. Blechschmidt  
5.3 STREET ADDRESS 175 Broad Hollow Rd  
5.4 CITY-ST-ZIP Melville NY 11747

TITLE D ☐ DELETE  
NAME OLSTEN, STUART  
STREET ADDRESS 175 BROAD HOLLOW ROAD  
CITY-ST-ZIP MELVILLE NY 11747

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with a different like empowered.

SIGNATURE: *Laurin Laderoute Jr* LAURIN L LADEROUTE JR 4/26/99 844-7260  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)