

E 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
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90951 020 ***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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

TITLE VAS ☐ DELETE

NAME COSTANTINI, WILLIAM P

STREET ADDRESS 175 BROAD HOLLOW ROAD

CITY-ST-ZIP MELVILLE NY 11747

TITLE VT ☐ DELETE

NAME PUGLISI, ANTHONY J

STREET ADDRESS 175 BROAD HOLLOW ROAD

CITY-ST-ZIP MELVILLE NY 11747

TITLE VS ☐ DELETE

NAME LADEROUTE JR, LAURIN L

STREET ADDRESS 175 BROAD HOLLOW ROAD

CITY-ST-ZIP MELVILLE NY 11747

TITLE D ☒ DELETE

NAME LIGUORI, FRANK N

STREET ADDRESS 175 BROAD HOLLOW ROAD

CITY-ST-ZIP MELVILLE NY 11747

TITLE D ☐ DELETE

NAME OLSTEN, STUART

STREET ADDRESS 175 BROAD HOLLOW ROAD

CITY-ST-ZIP MELVILLE NY 11747

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P ☐ Change ☒ Addition

Ronald A. Malone
175 Broad Hollow Rd
Melville NY 11747

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

D ☐ Change ☐ Addition

Edward A. Blechschmidt
175 Broad Hollow Rd
Melville NY 11747

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stuart Olsten
4/28/00
516
894-7260