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May 07 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 # F97000006909 (2)
 1. Corporation Name
PSS LABOR LEASING, INC.

Principal Place of Business 3231 E. 6TH STREET TOPEKA KS 66607	Mailing Address 3231 E. 6TH STREET TOPEKA KS 66607
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3231 S.E. SIXTH STREET Suite, Apt. #, etc.		2a. Mailing Address 26 3231 S.E. SIXTH STREET Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/30/1997	
22 City & State 23 TOPEKA, KANSAS		27 City & State 28 TOPEKA, KANSAS		4. FEI Number 48-1194126	
24 Zip 66607-2207		25 Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 66607-2207		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				FL	

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P, D
NAME	DAVIS, LESTER B	1.2 NAME	DAVIS, LESTER B.
STREET ADDRESS	3231 E. 6TH STREET	1.3 STREET ADDRESS	3231 S.E. SIXTH STREET
CITY-ST-ZIP	TOPEKA KS 66607	1.4 CITY-ST-ZIP	TOPEKA, KS 66607-2207
TITLE	TV	2.1 TITLE	T, V
NAME	TESSENDORF, REX A	2.2 NAME	TESSENDORF, REX A.
STREET ADDRESS	3231 E. 6TH STREET	2.3 STREET ADDRESS	3231 S.E. SIXTH STREET
CITY-ST-ZIP	TOPEKA KS 66607	2.4 CITY-ST-ZIP	TOPEKA, KS 66607-2207
TITLE	S	3.1 TITLE	S.
NAME	THOMAS, MARY M	3.2 NAME	THOMAS, MARY M.
STREET ADDRESS	3231 E. 6TH STREET	3.3 STREET ADDRESS	3231 S.E. SIXTH STREET
CITY-ST-ZIP	TOPEKA KS 66607	3.4 CITY-ST-ZIP	TOPEKA, KS 66607-2207
TITLE	AVTD	4.1 TITLE	AVTD
NAME	GUTH, TERRENCE L	4.2 NAME	GUTH, TERRENCE L.
STREET ADDRESS	3231 E. 6TH STREET	4.3 STREET ADDRESS	3231 S.E. SIXTH STREET
CITY-ST-ZIP	TOPEKA KS 66607	4.4 CITY-ST-ZIP	TOPEKA, KS 66607-2207
TITLE	D	5.1 TITLE	D
NAME	NORDEN, JED L	5.2 NAME	NORDEN, JED L.
STREET ADDRESS	3231 E. 6TH STREET	5.3 STREET ADDRESS	3231 S.E. SIXTH STREET
CITY-ST-ZIP	TOPEKA KS 66607	5.4 CITY-ST-ZIP	TOPEKA, KS 66607-2207
TITLE		6.1 TITLE	
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: *Rex A. Tessoroff* REX A TESSENDORF 4/15/98 (785)233-5171

CR2E034 (10/97)