FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90036 047 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000905

1. Entity Name: PHR STAFFING, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	7000 Cardinal Place Suite, Apt. #, etc.
City & State	City & State: Dublin, OH
Zip / Country	Zip: 43017 / Country: U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 75-0557519 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

City: Tallahassee FL Zip Code: 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
PRESIDENT	
WINSTEAD DWIGHT	
7000 Cardinal Place	
Dublin, OH 43017	
VICE PRESIDENT	
MARTIN GLENN L.	
7000 Cardinal Place	
Dublin, OH 43017	
V.P. TREASURER	
BRANDIN, DONNA	
7000 Cardinal Place	
Dublin, OH 43017	
EVP Secretary	
WILLIAMS, PAUL S.	
7000 Cardinal Place	
Dublin, OH 43017	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Donna Brandin Donna Brandin 4-30-02 614-757-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #