FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

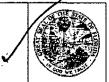
FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90718 004 ***150.00

DOCUMENT # F9800 0000905 1. Entity Plane Phr Staffing, Inc.

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP



	DO NOT WRITE	IN THIS S	PACE		
2. Principal Place of Business		3. Mailing Address 7000 Cardinal Place			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State, Dublin, OH		4. FEI Number - Applied Not App	
Zip	Country	Zip 43017	Country USA	5. Certificate of Status Desired \$8.75 Additional Fee Required	1
			Name	7. Name and Address of Current Registered Agent	\blacksquare
	DO NOT W	RITE		PORATION SERVICE COMPANY is (P.O. Box Number is Not Acceptable)	1
	IN THIS SP	ACE	1201	Hays Street	
			City 1	Zip Code	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its		ahassee FL 3230 stered agent, or both, in the State of Florida. I am lamiliar with, and ac	
nie obliga	nons of registered agent.				
SIGNATURE	Signature, typed or printed name of registered agent a	nu litte if applicable. (NO)	TÉ: Registered Apent signature requi	uired when revisianing) DATE]
	Inuary 1: May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 ki Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Trust Fund Contribution.	
10.	OFFICERS AND I	DIRECTORS	A STATE OF THE STA		Salar Person
NAME STREET ADDRESS CITY-ST-ZIP	Dwight Winster 7000 Cardinal Dablin, OH 430	dece	TITLE NAME STREET ADDRESS CITY ST - ZIP		
TITLE	1/		PIME TO THE		
NAME STREET ADDRESS	Michael RiNels 7000 Cardinal	on Place	NAME STREET ADDRESS		海南有 建內官
CITY-ST-ZIP	Dublin, 01+ 43	٥١٦	CITY ST ZIP :		KA
NAME 5	VPT Donga Brandin	سياد المسادات	AUTURE SERVICE		
STREET ADDRESS CITY-ST-ZIP	Donna Brandin 7000 Cardinal P Dublin, OH 4	lace	STREET ADDRESS	DO NOT WRITE	12.0
TITLE NAME STREET AOORESS	FUPCLOS Paul S. William 7000 Cardinal	Place	NAMES AND STREET ADDRESS	IN THIS SPACE	
CITY-ST-ZIP TITLE	Dyblin, OH 43	0(7	CITY ST ZIP		
NAME			NAME .		

12. 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 affect 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 10 or on an attachment with an address, with all other like empowered.

NATURE: William R. N. C. Michael R. Nelson, VP 4/28/03 614-757-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylor & Progret & Daylor & Daylor & Progret & Daylor & Daylor & Daylor & Progret & Daylor & Daylor

KZE034B (12/02