

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001261

1. Entity Name

NORRELL INFORMATION SERVICES, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90008 009 ***150.00

Principal Place of Business

3535 PIEDMONT ROAD NE
ATLANTA GA 30305

Mailing Address

3535 PIEDMONT ROAD NE
ATLANTA GA 30305

834792



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2050 Spectrum Blvd.

3. Mailing Address

2050 Spectrum Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33309

Country

Zip

33309

Country

4. FEI Number

58-2249139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	CD	<input type="checkbox"/> Delete
NAME	MILLER, C D	
STREET ADDRESS	3535 PIEDMONT ROAD, NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRYAN, LARRY J	
STREET ADDRESS	3535 PIEDMONT ROAD, NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> Delete
NAME	COLABUONO, SCOTT	
STREET ADDRESS	3535 PIEDMONT ROAD, NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HAIN, MARK	
STREET ADDRESS	3535 PIEDMONT ROAD, NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANDERSON, STANLEY	
STREET ADDRESS	3535 PIEDMONT ROAD, NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres./CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raymond Marcy	
STREET ADDRESS	2050 Spectrum Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	Dir./Ex. VP/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roy G. Krause	
STREET ADDRESS	2050 Spectrum Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	VP/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shannon C. Allen	
STREET ADDRESS	2050 Spectrum Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	Dir./VP/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa G. Iglesias	
STREET ADDRESS	2050 Spectrum Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	Dir./Ex VP/COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert E. Livonius	
STREET ADDRESS	2050 Spectrum Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	Asst. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce T. Petersen	
STREET ADDRESS	2050 Spectrum Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	

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 Block 12 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

mark W. Smith 4/7/00

Date

954-938-7600

Daytime Phone #

CR2E034 (9/99)