### W: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

DIVISION OF CORPORATIONS

# Secretary of State

# DOCUMENT # F98000003094

Country

25

U.S.A.

9. Name and Address of Current Registered Agent

1. Corporation Name

TRADESOURCE STAFFING INC.

75 Holly Hill Lane

Suite, Apt. #, etc.

City & State

Žip

24 06830

23 Greenwich

22

Principal Place of Business	Mailing Address		
PO BOX 5267 GREENWICH CT 06831-0504	PO BOX 5267 GREENWICH CT 06831-0504		
2. Principal Place of Business	Za. Mailing Address		

26

27

28

29

Suite, Apt. #, etc.

City & State

Zip

# **FILED** Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90005 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

-<u>-</u>-

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

800-349-3279

□No

Yes

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

March 23, 1999

Trust Fund Contribution

Personal Property Tax.

06/01/1998

13-7045319

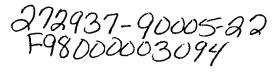
4. FEI Number

СТ	CORPORATION SYSTEM		L							
1200 SOUTH PINE ISLAND ROAD			82	Street	Address (P.O. Box Number is Not Acceptable)		Ì			
	ITATION FL 33324		83							
				1 _						
			84	City	FL	85 Zip C	ode			
44 5	07 0502 and 607 1508	Florida Statutae	the abox	ro-named			egistered			
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)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12										
			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	CPT	DELETE	1.1 TITLE		Treasurer Director	Change	Addition	7		
NAME	KASKEL, RICHARD		1.2 NAME		Richard Kaskel	-		7		
STREET ADDRESS	2 GREENWICH OFFICE PARK		1.3 STREET ADDRESS		75 Holly Hill Lane		1	Ų		
CITY-ST-ZIP	GREENWICH CT 06831		1.4 CITY-ST-ZIP		Greenwich ct 06830			ç		
TITLE	VCVS	DELETE	2.1 TITLE		Secretary/Director	X Change	☐ Addition	(		
NAME	KASKEL, DAVID		2.2 NAME		David Kaskel					
STREET ADDRESS	2 GREENWICH OFFICE PARK		2.3 STREET ADDRESS		75 Holly Hill Lane		}			
CITY-ST-ZIP	GREENWICH CT 06831		2. 4 CITY-ST-ZIP		Greenwich, CT 06830					
TITLE	D .	☐ DELETE	3.1 TITLE		Vice President	Change	<b>→</b> Addition			
NAME	ANDERMAN, RICHARD A	· •	3.2 NAME		Patrick Treacy		[			
STREET ADDRESS	620 FIFTH AVE		3.3 STREE	T ADDRESS	75 Holly Hill Lane		1			
CITY-ST-ZIP	NEW YORK NY 10020		3.4. CITY-	ST-ZIP	Greenwich, CT 06830					
TITLE	☐ DELETE		4.1 TITLE		President/Director	Change	Addition			
NAME		}		!	Richard Piske		1			
STREET ADDRESS			4.3 STREE	T ADDRESS	75 Holly Hill Lane					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	Greenwich, CT 06830					
TITLE		☐ DELETE	5.1 TITLE		Vice President	Change	Addition XX			
NAME			5.2 NAME		Matthew Searles					
STREET ADDRESS				ET ADDRESS	75 Holly Hill Lane		1			
CTY-ST-ZIP			5.4 CITY-	ST-ZIP	Greenwich, CT 06830		[ Addition			
TITLE		☐ DELETE	6.1 TITLE		Director	Change	Addition			
NAME			6.2 NAME		Dean Davis					
STREET ADDRESS			· ·	ET ADDRESS	36 Grove Street		}			
CITY-ST-ZIP	05 a 40 4 5 4 5 4 5 4 5 5 4 5 5 6 5 6 5 6 5 6 5	a and accepting from the	6.4 CITY	ST-ZIP	New Canaan ct 06840	rtify that the in	formation	ا		
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.										

REREATHICK Treacy

Country

30



#### TRADESOURCE STAFFING INC

FEI. NO. 13-7045319

13. Continued

Title:

Director

Name:

Mr. Jeff Newton

Street Address:

55 Williams Street Wellesley, MA 02181