

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003094

FILED  
Jan 25, 2008  
Secretary of State

Entity Name: TRADESOURCE STAFFING INC.

## Current Principal Place of Business:

205 HALLENE ROAD  
UNIT 211  
WARWICK, RI 02886 US

## New Principal Place of Business:

## Current Mailing Address:

205 HALLENE ROAD  
UNIT 211  
WARWICK, RI 02886 US

## New Mailing Address:

FEI Number: 13-7045319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KASKEL, RICHARD  
Address: 15 GRAHAMPTON LANE  
City-St-Zip: GREENWICH, CT 06830

Title: VS ( ) Delete  
Name: TREACY, PATRICK T  
Address: 205 HALLENE RD UNIT 211  
City-St-Zip: WARWICK, RI 02886

Title: V ( ) Delete  
Name: RIDER, JOHN  
Address: 95 STILES ROAD SUITE 208  
City-St-Zip: SALEM, NH 03079

Title: PD ( ) Delete  
Name: FERRY, JAMES J  
Address: 205 HALLENE RD UNIT 211  
City-St-Zip: WARWICK, RI 02886 US

Title: V ( ) Delete  
Name: SIGMAN, GORDON  
Address: 205 HALLENE RD UNIT 211  
City-St-Zip: WARWICK, RI 02886 US

Title: D ( ) Delete  
Name: FOSTER, MICHAEL  
Address: 36 GROVE STREET  
City-St-Zip: NEW CANAAN, CT 06840

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: RIDER, JOHN  
Address: 175 RANGE ROAD  
City-St-Zip: PITTSFIELD, NH 03263

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GORDON SIGMAN

V

01/25/2008

Electronic Signature of Signing Officer or Director

Date