2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006
Secretary of State

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Entity Name: MANPOWER PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

5301 NORTH IRONWOOD RD
MILWAUKEE, WI 53217

New Principal Place of Business:

Current Mailing Address:

C/O CORP TAX
PO BOX 2053
MILWAUKEE, WI 53201

New Mailing Address:

FEI Number: 39-1929719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PD ( ) Delete
Name: BECK, BARBARA
Address: 5301 NORTH IRONWOOD RD
City-St-Zip: MILWAUKEE, WI

Title: T ( ) Delete
Name: NOER, LESLEY A
Address: 5301 NORTH IRONWOOD RD
City-St-Zip: MILWAUKEE, WI 53217

Title: SD ( ) Delete
Name: TOTH, MARK E
Address: 5301 NORTH IRONWOOD RD
City-St-Zip: MILWAUKEE, WI

Title: V ( ) Delete
Name: LYNCH, MICHAEL J
Address: 5301 NORTH IRONWOOD RD
City-St-Zip: MILWAUKEE, WI

Title: COO ( ) Delete
Name: WALKER, STEVE
Address: 5301 NORTH IRONWOOD RD
City-St-Zip: MILWAUKEE, WI

Title: DV ( ) Delete
Name: STEINMETZ, MICHAEL
Address: 5301 N IRONWOOD RD
City-St-Zip: MILWAUKEE, WI 53217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PRISING, JONAS
Address: 5301 NORTH IRONWOOD RD
City-St-Zip: MILWAUKEE, WI

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

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

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

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

Title: DV (X) Change ( ) Addition
Name: KREY, JULIE
Address: 5301 N IRONWOOD RD
City-St-Zip: MILWAUKEE, WI 53217

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL J LYNCH VP 02/28/2006

Electronic Signature of Signing Officer or Director — Date