## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000007145

Entity Name: MANPOWER PROFESSIONAL SERVICES, INC.

FILED May 09, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
5301 NORTH IRONWOOD RD MILWAUKEE, WI 53217						
Current Mailing Address:			New Maili	New Mailing Address:		
C/O CORP TAX PO BOX 2053 MILWAUKEE, WI 53201						
FEI Number:	39-1929719	FEI Number Applied For ( ) FEI N	umber Not Appl	cable ( ) Certificate of	Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					red Agent:	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US						
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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () I PRISING, JONAS 5301 NORTH IRO MILWAUKEE, W	NWOOD RD	Title: Name: Address: City-St-Zip:	()Change ()Ad	ddition	
Title: Name: Address: City-St-Zip:	T ()[ NOER, LESLEY 15301 NORTH IRO MILWAUKEE, W	NWOOD RD	Title: Name: Address: City-St-Zip:	CEOD (X) Change ( ) Ad JEFFREY, JORRES 5301 NORTH IRONWOOD RD MILWAUKEE, WI 53217		
Title: Name: Address: City-St-Zip:	SD () I TOTH, MARK E 5301 NORTH IRO MILWAUKEE, W		Title: Name: Address: City-St-Zip:	( ) Change ( ) Ac	ddition	
Title: Name: Address: City-St-Zip:	V ()[ LYNCH, MICHAE 5301 NORTH IRO MILWAUKEE, W	NWOOD RD	Title: Name: Address: City-St-Zip:	VPD (X) Change ( ) Ad LYNCH, MICHAEL J 5301 NORTH IRONWOOD RD MILWAUKEE, WI		
Title: Name: Address: City-St-Zip:	COO () [ WALKER, STEVI 5301 NORTH IRO MILWAUKEE, W	NWOOD RD	Title: Name: Address: City-St-Zip:	TD (X) Change () Ad JULIE, KREY 5301 NORTH IRONWOOD RD MILWAUKEE, WI		
Title: Name: Address: City-St-Zip:	DV (X) I KREY, JULIE 5301 N IRONWO MILWAUKEE, W		Title: Name: Address: City-St-Zip:	()Change ()Ad	ddition	

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: MICHAEL LYNCH VP 05/09/2007