

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90008 027 ***558.75

0132043 AT

DOCUMENT # F99000000278

1. Entity Name
DSI CONTRACT STAFFING, INC.

Principal Place of Business Mailing Address
300 ATRIUM DRIVE 300 ATRIUM DRIVE
SOMERSET NJ 08873 SOMERSET NJ 08873



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **13-2878077** Applied For Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
 NAME **KAPPOUF, DONALD W**
 STREET ADDRESS **1044 TULLO FARM ROAD**
 CITY-ST-ZIP **BRIDGEWATER NJ 08807**

☐ Delete

TITLE **PD**
 NAME **Donald W. Kappauf**
 STREET ADDRESS **300 Atrium Drive**
 CITY-ST-ZIP **SOMERSET, N.J. 08873**

☒ Change ☐ Addition

TITLE **VPDS**
 NAME **KELLY, DONALD T**
 STREET ADDRESS **458 FAIRMOUNT AVENUE**
 CITY-ST-ZIP **CHATHAM NJ 07928**

☐ Delete

TITLE **VP Finance, D.S.**
 NAME **Donald T. Kelly**
 STREET ADDRESS **300 Atrium Drive**
 CITY-ST-ZIP **SOMERSET, N.J. 08873**

☒ Change ☐ Addition

TITLE **D**
 NAME **MARINO, WILLIAM J**
 STREET ADDRESS **6 COBBLESTONE LANE**
 CITY-ST-ZIP **MORRIS TWP NJ 07960**

☒ Delete

TITLE **Vice President**
 NAME **Gerald J. Byrnes**
 STREET ADDRESS **245 5th Avenue Suite 1003**
 CITY-ST-ZIP **New York, N.Y. 10016**

☐ Change ☒ Addition

TITLE **D**
 NAME **EWING, JOHN H**
 STREET ADDRESS **2031 LARGER CROSS ROAD**
 CITY-ST-ZIP **BEDMINSTER NJ 07921**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
 NAME **DEES, CLARES R JR**
 STREET ADDRESS **16 10TH AVE**
 CITY-ST-ZIP **SEASIDE PARK NJ 08752**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
 NAME **DELANEY, MARTIN J**
 STREET ADDRESS **15 RUSSELL ROAD**
 CITY-ST-ZIP **GARDEN CITY NY 11530**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/01 **738-748-1700**
 Date Daytime Phone #

CR2E034 (5/01)