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2001 UNIFORM BUSINESS REPORT (UBR)

Sep 05, 2001 8:00 am Secretary of State F99000003181 DOCUMENT # 1. Entity Name 09-05-2001 90026 036 ***558.75 TEAMSTAFF, INC. Principal Place of Business Mailing Address 300 ATRIUM DRIVE 300 ATRIUM DRIVE AUUOJADI SOMERSET NJ 08873 SOMERSET NJ 08873 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 22-1899798 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 Fiorida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Dieckman, Karl W. 300 Atrium Drive Addition TITLE TITLE NAME DIECKMANN, KARL W NAME 300 ATRIUM DRIVE STREET ADDRESS STREET ADDRESS. 50merset, NJ. 08873 CITY-ST-ZIP SOMERSET NJ 08873 CITY-ST-ZIP Change TITLE TITLE ☐ Addition EWING, JOHN H NAME NAME STREET ADDRESS 300 ATRIUM DRIVE STREET ADDRESS CITY-ST-ZIP SOMERSET NJ 08873 CITY-ST-ZIP TITLE 🧽 vélete. 🖚 . [...]. Change: ☐ Addition Jiff E-MARINO, WILLIAM J NAME NAME STREET ADDRESS 300 ATRIUM DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SOMERSET NJ 08873 Change TITLE ☐ Delete TITLE ☐ Addition uf, Donald W. Afrium Drive NAME KAPPAUF, DONALD W NAME 300 ATRIUM DRIVE STREET ADDRESS STREET ADDRESS , N.J. CITY-ST-ZIP SOMERSET NJ 08873 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition KELLY, DONALD T NAME NAME STREET ADDRESS 300 ATRIUM DRIVE STREET ADDRESS CITY-ST-ZIP SOMERSET NJ 08873 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 addless, with all other like empowered. SIGNA TRESPOUREWP TO SIGNATURE:

734-746-1200