1 of 5

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000038879

1. Entity Name

CROSS COUNTRY STAFFING, INC.

FILED
00 OCT 18 PM 3:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
6551 PARK OF COMMERCE BLVD., NW, SUITE 200 BOCA RATON, FLORIDA 33431	SAME

REINSTATEMENT DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
NO CHANGE	NO CHANGE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 13-4066229 — ~~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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FLORIDA 32301	Name: NO CHANGE 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: Deborah D. Skipper — Signature, typed or printed name of registered agent and title if applicable

Deborah D. Skipper as its agent (NOTE: Registered Agent signature required when reinstating)

DATE: 10-17-00

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 $150.00
After MAY 1, 2000 Fee will be $550.00
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 / NAME / STREET ADDRESS / CITY - ST- ZIP	☐ Delete		TITLE / NAME / STREET ADDRESS / CITY - ST- ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY- ST- ZIP	☐ Delete		TITLE / NAME / STREET ADDRESS / CITY- ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST- ZIP	☐ Delete		TITLE / NAME / STREET ADDRESS / CITY - ST- ZIP	☐ Change ☐ Addition 000003434920--7 -10/23/00--01018--016 ****550.00 ****550.00
TITLE / NAME / STREET ADDRESS / CITY- ST- ZIP	☐ Delete		TITLE / NAME / STREET ADDRESS / CITY - ST- ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY - ST- ZIP	☐ Delete		TITLE / NAME / STREET ADDRESS / CITY - ST- ZIP	☐ Change ☐ Addition KE

CR2E034 (9/99)

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] EMIL HENSEL 10/16/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CROSS COUNTRY TRAVCORPS, INC.
DIRECTORS AND OFFICERS RIDER
FEIN: 13-4066229

OFFICERS

NAME/TITLE	BUSINESS ADDRESS	HOME ADDRESS
Bruce Cerullo Chairman 030-50-8723	TVCM, Inc. 40 Eastern Avenue Malden, MA 02148-9104	16 Ellis Avenue Reading, MA 01867
Thomas Dircks Executive Vice President 144-52-7422	Charterhouse Group International, Inc. 535 Madison Avenue New York, NY 10022-4299	20 North Briarcliff Mountain Lakes, NJ 07046
Joseph Boshart President/CEO 071-42-8264	6551 Park of Commerce Blvd., NW, #200 Boca Raton, FL 33487	17801 Fieldbrook Circle Boca Raton, FL 33496
Emil Hensel COO/CFO 070-42-1758	6551 Park of Commerce Blvd., NW, #200 Boca Raton, FL 33487	2538 NW 64 Blvd. Boca Raton, FL 33496
Lori Livers Vice President 182-52-6463	Charterhouse Group International, Inc. 535 Madison Avenue New York, NY 10022-4299	40 West 77th Street Apt. 10C New York, NY 10024
Stephen W. Rubin, Esq. Secretary 101-40-8335	Proskauer, Rose, LLP 1585 Broadway New York, NY 10036	44 Lockwood Road Scarsdale, NY 10583

Richard Ives Assistant Secretary 579-50-7698	6551 Park of Commerce Blvd., NW, #200 Boca Raton, FL 33487	3507 Oaks Way, #803 Pompano Beach, FL 33069
DIRECTORS		
Thomas Dircks Chairman of the Board 144-52-7422	Chartehouse Group International, Inc. 535 Madison Avenue New York, NY 10022-4299	20 North Briarcliff Mountain Lakes, NJ 07046
Lori Livers Director 182-52-6463	Charterhouse Group International, Inc. 535 Madison Avenue New York, NY 10022-4299	40 West 77th Street Apt. 10C New York, NY 10024
A. Lawrence Fagan Director 148-26-2711	Charterhouse Group International, Inc. 535 Madison Avenue New York, NY 10022-4299	140 Old Barn Road Fairfield, CT 06430
Joseph Boshart Director 071-42-8264	6551 Park of Commerce Blvd., NW, #200 Boca Raton, FL 33487	17801 Fieldbrook Circle Boca Raton, FL 33496
Emil Hensel Director 070-42-1758	6551 Park of Commerce Blvd., NW, #200 Boca Raton, FL 33487	2538 NW 64 Blvd. Boca Raton, FL 33496
Bruce Cerullo Director 030-50-8723	TVCM, Inc. 40 Eastern Avenue Malden, MA 02148-9104	16 Ellis Avenue Reading, MA 01867

Karen Bechtel **Director** **451-84-4211**	**Morgan Stanley Dean Witter** **1221 Avenue of the Americas** **New York, NY 10020**	**37 Charlton Street** **New York, NY 10014**
Faisel Husain **Director** **038-52-7191**	**Morgan Stanley Dean Witter** **1221 Avenue of the Americas** **New York, NY 10020**	**220 E. 65th Street** **Apt. 3L** **New York, NY 10021**
Charles Patton **Director** **556-19-8221**	**Morgan Stanley Dean Witter** **1221 Avenue of the Americas** **New York, NY 10020**	**52 McDougal Street** **New York, NY 10012**

9/11/00

SMH

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 854688 7194431

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 200.00

ORDER DATE : October 5, 2000

ORDER TIME : 12:52 PM

ORDER NO. : 854688-135

CUSTOMER NO: 7194431

CUSTOMER: Mr. Richard Ives
Cross Country Staffing, Inc.
Suite 200
6551 Park Of Commerce Blvd, Nw
Boca Raton, FL 33431-0828

FOREIGN FILINGS

NAME: CROSS COUNTRY STAFFING, INC.

XX PROFIT
_____ NON-PROFIT

XX CORPORATE
_____ LIMITED PARTNERSHIP

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Ta-tanisha Adams

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 18 PM 4:08

DOCUMENT # F34018

1. Corporation Name

AQUA SAFE FIRE PROTECTION COMPANY

Principal Place of Business	Mailing Address
4610 N. GANDY AVE TAMPA FL 33614 US	POST OFFICE BOX 15742 PO BOX 15742 TAMPA FL 33684 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/19/1981

5. FEI Number: 59-2112464 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
ST	MUSICK, DONALD A.	~~4708 TANNERY AVE~~ 1309 Fox Chapel Dr	~~TAMPA FL~~ 33549-0000 LUTZ, FL
~~P~~	~~MUSICK, JOSEPHINE T.~~	~~4708 TANNERY AVENUE~~	~~TAMPA FL~~
&P	MUSICK, CLINT J	6707 N. ORLEANS AVE	TAMPA FL 33604
			700003441837--9 -10/27/00--01023--026 ****750.00 ~~****750.00~~

8. Name and Address of Current Registered Agent

MUSICK, ~~JOSEPHINE T.~~ Donald K
~~4708 TANNERY AVE.~~ 1309 Fox Chapel Dr
~~TAMPA FL 33624~~
LUTZ FL 33549-0000

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

10/25

CR2E040 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 10-12-00

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SIGNATURE REQUIRED 10-12-00 813-874-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062334 AF