## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F99000003879

Entity Name: CROSS COUNTRY OF DELAWARE, INC.

FILED Jan 08, 2003 Secretary of State

| Current Principal Place of Business:        |  |  | New Principal Place of Business:            |                             |                                      |
|---|--|--|---|-----------------------------|--------------------------------------|
| SUITE 200                                   | K OF COMMER<br>)<br>TON, FL 3343                       | RCE BLVD., NW<br>1                             |   |                             |                                      |
| Current Mailing Address:                    |  |  | New Mailing Address:                        |                             |                                      |
| SUITE 200                                   |  | RCE BLVD., NW                                  |   |                             |                                      |
| FEI Number:                                 | : 13-4066229   | FEI Number Applied For ( )                     | FEI Number Not Ap                           | plicable ( )                | Certificate of Status Desired ( )    |
| Name and                                    | Address of C   | urrent Registered Agent:                       | Name an                                     | d Address of                | New Registered Agent:                |
| 1201 HAYS<br>TALLAHAS<br>The above          | SSEE, FL 3230  | 012525 US                                      | urpose of changing                          | its registered              | office or registered agent, or both, |
| SIGNATUI                                    |  | ic Signature of Registered Age                 | nt  |                             | Date                                 |
|   | mpaign Financing<br>S AND DIREC                        | g Trust Fund Contribution().<br>TORS:          | ADDITIO                                     | NS/CHANGES                  | S TO OFFICERS AND DIRECTORS          |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | C ()<br>CERULLO, BRU<br>40 EASTERN A<br>MALDEN, MA     | VENUE  | Title:<br>Name:<br>Address:<br>City-St-Zip: | LEWIS, DANII<br>6551 PARK O | F COMMERCE BLVD., NW #200            |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | EVP ()<br>DIRCKS, THOM<br>535 MADISON A<br>NEW YORK, N | AVENUE   | Title:<br>Name:<br>Address:<br>City-St-Zip: | DIRCKS, THO<br>535 MADISON  | N AVENUE                             |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | BOSHART, JOS   | COMMERCE BLVD., NW, #200                       | Title:<br>Name:<br>Address:<br>City-St-Zip: | BOSHART, JO<br>6651 PARK O  | F COMMERCE BLVD., NW, #200           |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | HENSEL, EMÌL   | Delete<br>COMMERCE BLVD., NW, #200<br>FL 33431 | Title:<br>Name:<br>Address:<br>City-St-Zip: | HENSEL, EMI                 | F COMMERCE BLVD., NW, #200           |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | VP ()<br>LIVERS, LORI<br>535 MADISON A<br>NEW YORK, N  |  | Title:<br>Name:<br>Address:<br>City-St-Zip: | IVES, RICHAF                | F COMMERCE BLVD., NW #200            |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | S ()<br>RUBIN, STEPHI<br>1585 BROADW<br>NEW YORK N     | AY   | Title:<br>Name:<br>Address:<br>City-St-Zip: | (                           | ) Change ( ) Addition                |

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICHARD IVES AS 01/08/2003