2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# F99000006386

Entity Name: SOS STAFFING SERVICES, INC

Current Principal Place of Business:

2650 DECKER LAKE BLVD.
STE. 500
SALT LAKE CITY, UT 84119

New Principal Place of Business:

Current Mailing Address:

2650 DECKER LAKE BLVD.
STE. 500
SALT LAKE CITY, UT 84119

New Mailing Address:

FEI Number: 87-0295503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title: PCEO ( ) Delete
Name: WAGNER, JOANN W
Address: 2650 DECKER LAKE BLVD., STE. 500
City-St-Zip: SALT LAKE CITY, UT 84119

Title: VCFO ( ) Delete
Name: HARDY, KEVIN L
Address: 2650 DECKER LAKE BLVD., STE. 500
City-St-Zip: SALT LAKE CITY, UT 84119

Title: VSGC ( ) Delete
Name: MORRISON, JOHN K
Address: 2650 DECKER LAKE BLVD., STE. 500
City-St-Zip: SALT LAKE CITY, UT 84119

Title: VAST ( ) Delete
Name: COLLINGS, W.B. TUCKER
Address: 2650 DECKER LAKE BLVD., STE. 500
City-St-Zip: SALT LAKE CITY, UT 84119

Title: CHM ( ) Delete
Name: WENDT, R. L MR.
Address: 3250 LAKEPORT BLVD
City-St-Zip: KLAMATH FALLS, OR 97601 US

Title: DIR ( ) Delete
Name: MADDEN, JAMES MR.
Address: 720 EAST JACKSON ST
City-St-Zip: MEDFORD, OR 97504 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHN K. MORRISON VSGC 01/20/2009

Electronic Signature of Signing Officer or Director — Date