FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 JUN -3 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H39827 (1) NC 4-8-96

1. Corporation Name

~~ROMAC AND ASSOCIATES OF JACKSONVILLE, INC.~~
Romac International of Minnesota, Inc.

Principal Place of Business
120 W HYDE PARK PLACE
S200
TAMPA FL 33606

Mailing Address
120 W HYDE PARK PLACE
S200
TAMPA FL 33606

3. Date Incorporated or Qualified: 01/25/1985
3a. Date of Last Report: 08/15/1995
4. FEI Number: 59-2494397 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

DUNKEL, DAVID L.
120 W HYDE PARK PLACE
S200
TAMPA FL 33606

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	CP	☐ DELETE
NAME	DUNKEL, DAVID L.	
STREET ADDRESS	120 W HYDE PK PL, S200	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	☐ DELETE
NAME	COCCHIARO, RICHARD M.	
STREET ADDRESS	20 N WALKER DR S1465	
CITY-ST-ZIP	CHICAGO IL	
TITLE	DV	☐ DELETE
NAME	SUTTER, HOWARD W.	
STREET ADDRESS	5900 N ANDREWS AVE S826	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	ST	☐ DELETE
NAME	DOMINICI, PETER	
STREET ADDRESS	120 W HYDE PK PL, S200	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	Cocchiaro, Richard M.	
2.3 STREET ADDRESS	20 N. Wacker Dr. Ste. 1360	
2.4 CITY-ST-ZIP	Chicago, IL 60606	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME	Sutter, Howard W.	
3.3 STREET ADDRESS	500 W. Cypress Creek Rd. Ste. 200	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David N Dunkel — David L. Dunkel — 5/31/96 — 813-258-8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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