

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

04-30-2003 90182 027 ****50.00

DOCUMENT # L01000000493



1. Entity Name
MPS GROUP, LLC

Principal Place of Business
**ONE INDEPENDENT DR., STE. 2500
JACKSONVILLE FL 32202**

Mailing Address
**ONE INDEPENDENT DR., STE. 2500
JACKSONVILLE FL 32202**

44002310



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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 FL 32301-2525**

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DEWAN, DEREK E
ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32202** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
CROUCH, ROBERT
ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32202** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MAYO, MARC M
ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32202** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PAYNE, TIMOTHY D
ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32202** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ROBINSON, GERALD
ONE INDEPENDENT DRIVE
JACKSONVILLE FL 32202** ☐ 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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Gerald Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-25-03 904-360-2704

CP2E083 (10/02)

Attachment

44 002310



10100000443

**MPS Group, LLC
Officers and Directors**

Title	Name	Business Address
SVP CFO & Treasurer	Robert Crouch	One Independent Drive Jacksonville, FL 32202
Vice President & Secretary	Gregory Holland	One Independent Drive Jacksonville, FL 32202
VP and Asst Secretary	Tyra Tutor	One Independent Drive Jacksonville, FL 32202
Asst Secretary	John Marshall III	One Independent Drive Jacksonville, FL 32202
President and CEO	Timothy D. Payne	One Independent Drive Jacksonville, FL 32202
VP and CIO	Richard White	One Independent Drive Jacksonville, FL 32202
VP of Taxes	Gerald Robinson	One Independent Drive Jacksonville, FL 32202