2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

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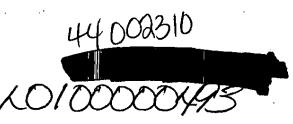
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 Entity Name MPS GROUP, LLC Mailing Address 44002310 Principal Place of Business ONE INDEPENDENT DR., STE. 2500 ONE INDEPENDENT DR., STE. 2500 JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES APPLIED, FOR City & State City & State Applied For 4. FEI Number Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zio 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 which reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Change ☐ Addition n Delete DEWAN, DEREK E MAME MARKE STREET ADDRESS ONE INDEPENDENT DRIVE STREET ADDRESS CR2E083 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32202 Delete TITLE ☐ Change ☐ Addition CROUCH, ROBERT NAME MAME ONE INDEPENDENT DRIVE STREET ADDRESS STREET ADDRESS CITY - ST-ZF JACKSONVILLE FL 32202 CITY-ST-ZIP TITLE TITLE Addition Delete MAYO, MARC M' NAME NAME STREET ADDRESS ONE INDEPENDENT DRIVE STREET ADDRESS CRY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-ZIP ☐ Delate ☐ Change Addition PAYNE, TIMOTHY D NAME NAME STREET ADDRESS ONE INDEPENDENT DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32202 Delete Change ☐ Addition ROBINSON, GERALD NAME NAME STREET ADDRESS ONE INDEPENDENT DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:





MPS Group, LLC Officers and Directors

Title	Name	Business Address
		One Independent Drive
SVP CFO & Treasurer	Robert Crouch	Jacksonville, FL 32202
	<u> </u>	One Independent Drive
Vice President & Secretary	Gregory Holland	Jacksonville, FL 32202
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J		One Independent Drive
VP and Asst Secretary	Tyra Tutor	Jacksonville, FL 32202
		One Independent Drive
Asst Secretary	John Marshall III	Jacksonville, FL 32202
		One Independent Drive
- President:and:CEO	<u> </u>	Jacksonville, FL-32202 Jacksonville, FL-32202
		One Independent Drive
VP and CIO	Richard White	Jacksonville, FL 32202
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·	W PRIN 14	One Independent Drive
VP of Taxes	Gerald Robinson	Jacksonville, FL 32202