



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L39173 1. Entity Name TEAMSTAFF IX, INC.					
Principal Place of Business 300 ATRIUM DR. SOMERSET, NJ 08873 US			Mailing Address TEAMSTAFF, INC. 300 ATRIUM DR SOMERSET, NJ 08873 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		07282004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-2988440		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCOGGINS, KIRK A. CT CORPORATION SYSEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VS NAME KENEALY, EDMUND C STREET ADDRESS 800 W. CUMMINGS RD, STE 800 CITY-ST-ZIP WOBURN, MA 01801	<input type="checkbox"/> Delete		TITLE President NAME T. Kent Smith STREET ADDRESS 300 Atrium Drive CITY-ST-ZIP Somerset NJ 08873	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SMITH, T. KENT STREET ADDRESS 300 ATRIUM DR CITY-ST-ZIP SOMERSET, NJ 08873	<input type="checkbox"/> Delete		TITLE V.P. Finance CFO NAME Rick Filippelli STREET ADDRESS 300 Atrium Drive CITY-ST-ZIP Somerset, NJ 08873	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE CC NAME ROMANO, GERARD STREET ADDRESS 300 ATRIUM DR. CITY-ST-ZIP SOMERSET, NJ 08873	<input checked="" type="checkbox"/> Delete		TITLE Controller NAME Cheryl Presuto STREET ADDRESS 300 Atrium Drive CITY-ST-ZIP Somerset, NJ 08873	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME LYNN, WAYNE R STREET ADDRESS 1901 ULMERTON RD, STE 800 CITY-ST-ZIP CLEARWATER, FL 33762	<input checked="" type="checkbox"/> Delete		800040253108 08/17/04--01064--009 **\$550.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Edmund C. Kenealy VP General Counsel & Secretary 8/4/04 781-937-3311 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					