

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 AUG 10 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07282004 Chg-P CR2E034 (10/03)

DOCUMENT # L39176 1. Entity Name TEAMSTAFF VI, INC.					
Principal Place of Business 300 ATRIUM DRIVE SOMERSET, NJ 08873			Mailing Address 300 ATRIUM DRIVE SOMERSET, NJ 08873 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2988438	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required Not Applicable <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent CT CORPORATION 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KENEALY, EDMUND C 800 W. CUMMINGS PK, STE 1500 WOBURN, MA 01801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President T. Kent Smith 300 Atrium Drive Somerset, NJ 08873	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, T. KENT 300 ATRIUM DR SOMERSET, NJ 08873	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Finance CFO Rick Flippelli 300 Atrium Drive Somerset, NJ 08873	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CC ROMANO, GERALD 300 ATRIUM DRIVE SOMERSET, NJ 08873	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Controller Cheryl Presuto 300 Atrium Drive Somerset, NJ 08873	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNN, WAYNE R 1901 ULMERTON RD STE 800 CLEARWATER, FL 33762	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 600040253046 08/17/04--01064--006 **550.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/4/04 781-937-3311 <small>Date Daytime Phone #</small>		