## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 17, 2006 8:00 am Secretary of State DOCUMENT #L39176 03-17-2006 90132 023 \*\*\*150.00 1. Entity Name TEAMSTAFF VI. INC. Principal Place of Business Mailing Address 20017328 300 ATRIUM DRIVE 300 ATRIUM DRIVE SOMERSET, NJ 08873 SOMERSET, NJ 08873 US 02232006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2988438 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CT CORPORATION DO NOT WRITE 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10.~ VS .... HOUSTON, JAMES NAME STREET ADDRESS 300 ATRIUM DRIVE SOMERSET, NJ 08873 CITY-ST-ZIP TITLE NAME SMITH, T. KENT 300 ATRIUM DR STREET ADDRESS CITY-ST-ZIP SOMERSET, NJ 08873 TITLE NAME SMITH, T. KENT STREET ADDRESS 300 ATRIUM DRIVE DO NOT WRITE SOMERSET, NJ 08873 CITY-ST-ZIP IN THIS SPACE TITLE **VCFO** NAME FILIPPELLI, RICK STREET ADDRESS 300 ATRIUM DRIVE SOMERSET, NJ 08873 CITY-ST-ZIP PRESUTO, CHERYL NAME 300 ATRIUM DRIVE STREET ADDRESS CITY.-ST-ZIP SOMERSET..NJ 08873 1 1000 s REPLACE CODE. STREET ADDRESS property and participal

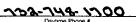
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PR





FILED