


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90042 034 \*\*\*\*50.00

DOCUMENT # M01000002592	
1. Entity Name PERSONNEL CO. I LLC	

Principal Place of Business C/O STARFIRE HOLDING CORPORATION 100 SOUTH BEDFORD RD STE 210 MT. KISCO, NY 10549	Mailing Address C/O STARFIRE HOLDING CORPORATION 100 SOUTH BEDFORD RD STE 210 MT. KISCO, NY 10549
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60040517

2. Principal Place of Business - No P.O. Box # c/o Starfire Holding Corporation Suite, Apt. #, etc. 445 Hamilton Ave. Suite 1210 City & State White Plains, NY Zip 10601 Country U.S.A.	3. Mailing Address c/o Starfire Holding Corporation Suite, Apt. #, etc. 445 Hamilton Ave. Suite 1210 City & State White Plains, NY Zip 10601 Country U.S.A.
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04172007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 re-stating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAHN, CARL C 767 5TH AVENUE STE 4700 NEW YORK, NY 10153 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATTNER, EDWARD E 767 5TH AVENUE STE 4700 NEW YORK, NY 10153 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BLEZNICK, JORDAN 767 5TH AVENUE SUITE 4700 NEW YORK, NY 10153 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COZZA, KEITH 767 5TH AVE STE 4700 NEW YORK, NY 10153 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

4/19/07 (914)614-7000

Date

Daytime Phone #