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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DEPARTMENT OF CORPORATIONS
TALLAHASSEE, FLORIDA

24064704



04202004 Chg-LLC CR2E083 (10/03)

DOCUMENT # M03000004193					
1. Entity Name SPHERION PACIFIC WORKFORCE LLC					
Principal Place of Business 2050 SPECTRUM BLVD. FORT LAUDERDALE, FL 33309		Mailing Address 2050 SPECTRUM BLVD. FORT LAUDERDALE, FL 33309			
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	
				☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALLMAN, CINDA 2050 SPECTRUM BLVD. FORT LAUDERDALE, FL 33309	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAUSE, ROY G 2050 SPECTRUM BLVD. FORT LAUDERDALE, FL 33309	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIVONIUS, ROBERT E 2050 SPECTRUM BLVD. FORT LAUDERDALE, FL 33309	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IGLESIAS, LISA G 2050 SPECTRUM BLVD. FORT LAUDERDALE, FL 33309	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: <u>Landal B. Atkinson</u> Date: <u>4/20/04</u> (954) 308-7600					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					