

**2007 LIMITED LIABILITY COMPANY-  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # M06000006458**

1. Entity Name  
**HEADWAY CORPORATE STAFFING SERVICES EAST,  
L.L.C.**



Principal Place of Business  
**421 FAYETTEVILLE STREET MALL, STE. 1020  
RALEIGH, NC 27601**

Mailing Address  
**421 FAYETTEVILLE STREET MALL, STE. 1020  
RALEIGH, NC 27601**



02052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-4010751**

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 32301-2525**

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SAKEY, JEAN-PIERRE
STREET ADDRESS	421 FAYETTEVILLE STREET MALL, STE. 1020
CITY-ST-ZIP	RALEIGH, NC 27601
TITLE	MGRM
NAME	YELENIC, JOSEPH
STREET ADDRESS	421 FAYETTEVILLE STREET MALL, STE. 1020
CITY-ST-ZIP	RALEIGH, NC 27601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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:**

**JOSEPH YELENIC 2/9/07 919-376-4929**