



**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # M06000006458 1. Entity Name HEADWAY CORPORATE STAFFING SERVICES EAST, L.L.C.	
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Principal Place of Business 421 FAYETTEVILLE STREET MALL, STE. 1020 RALEIGH, NC 27601	Mailing Address 421 FAYETTEVILLE STREET MALL, STE. 1020 RALEIGH, NC 27601
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**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 13-4010751	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000783873  
 01/16/08-80033-001 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAKEY, JEAN-PIERRE 421 FAYETTEVILLE STREET MALL, STE. 1020 RALEIGH, NC 27601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YELENIC, JOSEPH 421 FAYETTEVILLE STREET MALL, STE. 1020 RALEIGH, NC 27601
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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 J. Yelenic*      1-4-08      (919) 424-1062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #