## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

## FILED Jun 08, 2000 8:00 am Secretary of State

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee						] ].				
\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						]				
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M9600000022						1a. Principal Place of Business Address				
MANPOWER FRANCHISES, LLC ;						5301 N IRONWOOD RD				
ATTN: CORPORATE TAX DEPARTMENT						MILWAUKEE, WI 53217				
5301 N IRONWOOD RD						MIDMAGNED, WI SSELT				
MILWAUKEE, WI 53217 If above mailing address is incorrect in any way, fine through incorrect information and enter correction						}			1	
			ng Address			3. Date Organized or Qualified 3a. State of F			of Formation	
						01/16/1996		DE		
Suite, Apt. #, etc. Suite, Apt.			.#, etc.			4. FEI Number		Applied For		
City & State City & Sta			te					Not Applicable		
the second secon						39-1837629 5. Date of Last Report		6. Certificate of Status Desired		
Zip	Country	Zip		Count	ry	J. Date of Last.	,choir		ional Fee Required	
			<u></u>		1	11/16/98				
7. Name and Address of Current Registered Agent					8. Name and Address of New Registered Agent Name					
CT CORPORATION SYSTEM										
Street Add					Street Address (F	(P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD Suite Apt. #, etc.										
PLANTATION, FL 33324					June, Apr. #, etc.					
EMMINITORY II 3000			City		City			Zip Code	Zip Code	
			· .		<u> </u>	· <del></del>	<u> </u>	<u> </u>		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the										
appointment as registered agent, and accept the obligations.										
SIGNATURE						DATE				
(Registered Agent Accepting Appointment  10. Title Managing Members/Managers			t) (NOTE: Registered Agent signature required v Business Street Address			when reinstating)  City, State and Zip Code			Zip Code	
			5301 N IRONWOOD RD			MILWAUKEE, WI				
1(4)	BILLER, JOEL W.		1					MILWAUKEE, WI 53217		
<i>,</i> , ,	LYNCH, MICHAEL J		5301 N 3			•				
MAR	SIMON, JOHN_		.5301 N J	LRON	WOOD -RD	<b>3</b>	MILWAUKE	SE, WI	53217	
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11. i do he	11.1 do 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 annual 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; and that my name appears in

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Michael J. Lynch

SIGNATURE:

Block 10, or on an attachment with an address.

414-961-1000

Daytime Phone #

4/30/99





## **MANPOWER**

June 1, 2000

Florida Department of State Katherine Harris PO Box 6327 Tallahassee, FL 32314

RE: Manpower Franchises, LLC

REF NUMBER: M96000000022

Dear Ms. Harris:

In regards to your May 5 notice concerning failure to file the 1999 annual report for the corporation, I have enclosed copies of the check stubs and forms mailed to the Department of State in May of last year. Please correct your records to reflect that Manpower Franchises LLC is current with all payments.

I am also enclosing our payment and return for 2000. I assume the enclosed documents regarding our 1999 return will be excepted and no reinstatement fee should be required.

If you have any questions regarding this issue, please contact me at (414) 906-7754.

Sincerely,

Cherie Land

Tax Accountant

Tax Accountant

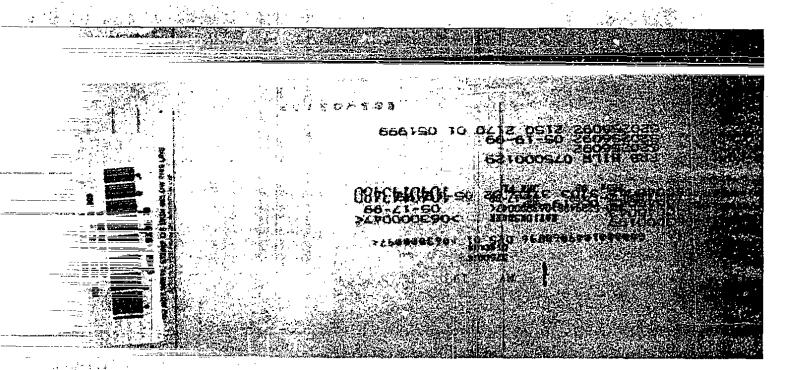
Tax Accountant

Tax Accountant

Tax Accountant

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