

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

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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # M96000000022
MANPOWER FRANCHISES, LLC ATTN: CORPORATE TAX DEPARTMENT 5301 N IRONWOOD RD MILWAUKEE, WI 53217	

1a. Principal Place of Business Address 5301 N IRONWOOD RD MILWAUKEE, WI 53217
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2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified 01/16/1996	3a. State of Formation DE
4. FEI Number 39-1837629	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 11/16/98	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)	DATE _____
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10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
P D MGR	BILLER, JOEL W.	5301 N IRONWOOD RD	MILWAUKEE, WI 53217
VP D MGR	LYNCH, MICHAEL J.	5301 N IRONWOOD RD	MILWAUKEE, WI 53217
VP S D MGR	SIMON, JOHN	5301 N IRONWOOD RD	MILWAUKEE, WI 53217

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*****203.75 *****53.75
FF \$50.00
OP 3.75

11. I 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 Block 10, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER	Michael J. Lynch Date	4 / 3 99 414-961-1000 Daytime Phone #
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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

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