

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000022

1. Entity Name

MANPOWER FRANCHISES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -8 PM 12: 09

Principal Place of Business
5301 NORTH IRONWOOD ROAD
MILWAUKEE, WI 53217

Mailing Address
ATTN: CORPORATE TAX
5301 NORTH IRONWOOD ROAD
MILWAUKEE, WI 53217

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

39-1837629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM

1200 SOUTH RINE ISLAND ROAD

PLANTATION, FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT/DIRECTOR **MGR** ☐ Delete
BILLER, JOEL W.
5301 N. IRONWOOD ROAD
MILWAUKEE, WI 53217

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE PRESIDENT/DIRECTOR ☐ Delete
LYNCH, MICHAEL J. **MGR**
5301 N. IRONWOOD ROAD
MILWAUKEE, WI 53217

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE PRES/DIRECTOR/SECRE ☐ Delete
SIMON, JOHN **MGR**
5301 N. IRONWOOD ROAD
MILWAUKEE, WI 53217

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
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☐ Change ☐ Addition

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:

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

VICE PRESIDENT 3/20/2000

Date

Daytime Phone #