2000 UNIFORM BUSINESS REPORT (UBR)

			<u> </u>		_			
DOCUMENT # M9600000022 1. Entity Name						SECRETARY OF STATE DIVISION OF CORPORATIONS		
MANPOW	ER FRANCHISES, LLC	•	•				·	
<u> </u>			نب.:	<u></u> -~		9 8-MUL 00	M 12: 09	
Principal Plac	ce of Business	Mailing Address			7		····	
5301 NO	RTH IRONWOOD ROAD	ATTN: CORPORA	ATE T	TE TAX				
MITMAUK	EE, WI 53217		5301 NORTH IRONWOOD ROAD					
}		MILWAUKEE, WI	I 532	217				
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & Stat	te	City & State	City & State			Number	Applied For	
70	Country	Zin Co		39-1837		-183/629	Not Applicable	
Zíp	Country	Zip	Zip Cou		5. Certificate of Status Desired		\$5.00 Additional Fee Required	
6. Name and Address of Current F		nt Registered Agent	egistered Agent		7. Name and Address of New Registered Agent			
		vgiotorou ngent	Name			and regions of item fregiotel		
CT CORP	ORATION SYSTEM							
1	UTH_RINE_ISLAND_RC)AD	Street Addres		(P.O. B	Box Number is Not Acceptable)	\$ ==== ===	_et-
	ION, FL 33324			<u> </u>				
				City			Zip Code	
8 The above	somed eatity submits this statement	ant for the nurses of changin	a ita saa	interest office or re		<u>_</u>		
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				WOTE D. Love I				
	Signature, typed or printed name of reg	distered agent and title if applicable	ie. ((NOTE: Registered A	Agent sig	mature required when reinstating)	DATE	
	-		au 6==		- 1			
}		FILE NOW				·	· · ·]	
		Make Check Payat	яе го р	epariment or 5	iale			
9,	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/CHANGE	S	_
TITLE	PRESIDENT/DIRECTO	R MGR Delete	TITLE	Ξ ,			Change Addition	CR2E083 (11/99)
NAME	BILLER, JOEL W.		NAMI					Ξ
STREET ADDRESS	5301 N. IRONWOOD	ROAD	STRE	EET ADDRESS				83
CITY - ST - ZIP	MILWUAKEE, WI 53		CITY	-ST-ZIP				<u> </u>
TITLE	VICE PRESIDENT/DI		TITLE	=			Change Addition	22
NAME	LYNCH, MICHAEL J.	U	NAMI	1		1 horas		O
STREET ADDRESS	5301 N. IRONWOOD	BA / - U		EET ADDRESS		AD 12		
CITY - ST - ZIP	1	3217	1	- ST - ZIP		0/2		
TITLE			TITLE				Change Addition	
TOTALE	VICE PRES/DIRECTO	VV OFFICE T Desert			- 2000	المتابعة المستحدد التي المستحدد المراجع المتابعة	_ LJ Visings LJ Augusti	-:
STREET ADDRESS	SIMON, JOHN 5301 N. IRONWOOD	POAD - MAR.		ET ADDRESS				
CITY - ST - ZIP		3217	- 1	- ST - ZIP		eoooos	767-678-507	<u>, "</u> =
	HILIMAURED, WI 33	Delete	TITLE			7.7.7.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		.00
TITLE .	. ~	. Describ	" NAME			क <i>क</i> कक्क	TITE Indianact to the teaching	υU
STREET ADDRESS	1			ET ADDRESS				
CITY - ST - ZIP	1			- ST - ZIP				
			_				Change Addition	
TITLE		Delete	TITLE	1			Change Addition	
NAME STOCET ADDRESS	Ì		NAME					
GTREET ADORESS CITY - ST - ZIP	ľ			ET ADDRESS - ST - ZIP			j	
	 							
TITLE	J	Delete	TITLE			•	Change Addition	
NAME	l		NAME	i i				
STREET ADDRESS	l	,		ET ADDRESS				
CITY - ST - ZIP , &	i		CITY	- ST - ZIP				
						on 119.07(3)(i), Florida Statutes. I fo		
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.								
manayer o	in the infilled hability company of the	e receiver or trustee empowe	eu (o ex	record this report :	as requi	ned by Chapter 606, Florida Statute	53	
	1.	101					ĺ	
SIGNAT	URE:	1/2 had		VICE	PRES	IDENT 3/20/2000		
	SIGNATURE AND TOP	ED OR PRINTED NAME OF SIG	NING MA	NAGING MEMBER	OR MAN	AGER Date	Daytime Phone #	
CTE EL DOCADE A								