

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # M96000000022

1. Entity Name

MANPOWER FRANCHISES, LLC



Principal Place of Business

5301 NORTH IRONWOOD ROAD
MILWAUKEE, WI 53217

Mailing Address

ATTN: CORPORATE TAX
5301 N. IRONWOOD RD.
MILWAUKEE, WI 53217



01192004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

39-1837629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

**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 _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME LYNCH, MICHAEL J
STREET ADDRESS 5301 NORTH IRONWOOD ROAD
CITY - ST - ZIP MILWAUKEE, WI 53217

TITLE MGR
NAME TOTH, MARK
STREET ADDRESS 5301 N IRONWOOD RD
CITY - ST - ZIP MILWAUKEE, WI 53217

TITLE MGR
NAME WOJTAL, NEIL
STREET ADDRESS 5301 N IRONWOOD RD
CITY - ST - ZIP MILWAUKEE, WI 53217

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000000012744
01/26/04-80022-011 500.00

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IN THIS SPACE**

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 AUTHORIZED REPRESENTATIVE

1/26/04

Date

414-961-1000

Daytime Phone #