

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

M96000000022

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

30009862

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYNCH, MICHAEL J		NAME		
STREET ADDRESS	5301 NORTH IRONWOOD ROAD		STREET ADDRESS		
CITY - ST - ZIP	MILWAUKEE, WI 53217		CITY - ST - ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOTH, MARK		NAME		
STREET ADDRESS	5301 N IRONWOOD RD		STREET ADDRESS		
CITY - ST - ZIP	MILWAUKEE, WI 53217		CITY - ST - ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOJTAL, NEIL		NAME		
STREET ADDRESS	5301 N IRONWOOD RD		STREET ADDRESS		
CITY - ST - ZIP	MILWAUKEE, WI 53217		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MICHAEL W STEINMETZ	
STREET ADDRESS			STREET ADDRESS	5301 N IRONWOOD RD	
CITY - ST - ZIP			CITY - ST - ZIP	MILWAUKEE, WI 53217	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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:			VP 4/30/05 (44) 961-1000		
SIGNATURE AND TYPED OR PRINTED NAME OF AUTHORIZED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #					