

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 MAR 15 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # M97000000179 CBS PERSONNEL SERVICES, LLC 435 ELM STREET CINCINNATI OH 45202
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1a. Principal Place of Business Address 435 ELM STREET CINCINNATI OH 45202
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2 Principal Place of Business <i>435 Elm Street</i> Suite, Apt. #, etc. <i>Cincinnati OH</i> City & State <i>45202</i> Zip <i>Hamilton</i> Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Organized or Qualified 04/11/1997	3a. State of Formation OH
4. FEI Number 31-1481071	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 04/20/1998	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

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

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

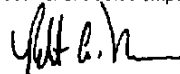
SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (Not Registered Agent signature required when resigning)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	ROBERT LEE BROWN, INC.	435 ELM STREET	CINCINNATI OH
MGRM	EMPLOYEE MANAGEMENT SE	435 ELM STREET	CINCINNATI OH

*****188.75 *****188.75

SL
3-19-99

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:  DATE: *2/9/99* (63) 684-1111