FILED Mar 11, 2003 8:00 am Secretary of State

03-11-2003 90026 036 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9700000179

1. Entity Name

CBS PERSONNEL SERVICES, LLC

						VE VE 185						
Principal Plac	e of Busines	s	М	lailing Address		 						
435 ELM STRE			435	435 ELM STREET								
CINCINNATI OH 45202				NCINNATI OH 45202								
							1111	 	 		1818 1811 1881	
2. Principal P	lace of Busin	ness		3. Mailing Address								
·				435 ELM ST					II BAILI BE LIL AS	ILI 88381 ISBIS I		
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
03.000				STE 300 ATM: ACCT BROWP							:	
City & Stat	e			CINCINNATI OH			4. FE! Nur	nber 31-148107	′1		pplied For ot Applicable	
Zip		Country		Zip	Coun	·	+			\$5.00 Ad		
				202-2644	SA	5. Certifica	ate of Status Desired		Fee Require			
	- 6. Name	and Address of Current	Regis	stered Agent			. 7. Name a	and Address of New F	Registered A	Agent		
СТ	CUBBUDY.	TION SYSTEM				Name						
		INE ISLAND ROAD		Street Address (f			(P.O. Box Nun	P.O. Box Number is Not Acceptable)				
	NTATION F						·		·			
						City			FL	Zip Cod	le	
8 The above	named entity	submits this statement for	or the r	ourness of changing its	rogistore	d office or registe	rod agent, or	hoth in the State of Ele		omiliar with	and secont	
	ions of regist		n ne h	parpose or changing its	registert	o once or registe	sieu agent, or i	Doin, in the State of FR	Jilga. Talli I	ariinai wilii,	and accept	
SIGNATURE .												
SIGNATURE.	Signature, typed	or printed name of registered agent	and title	if applicable. (NOTI	: Registere	d Agent signature require	d when reinstating)		DATE			
		•		FILE NO) 	FEE IS \$50.00					5	
			- 1	Make Check Payabl			ent of State					
				Due	By Ma	ay 1, 2003						
9.		MANAGING MEMBE	RS/M	IANAGERS	10.			ADDITIONS	/CHANGES			
TITLE	MGRM	.		☐ Delete	TITLE	:				☐ Change	☐ Addition	
NAME		LEE BROWN, INC.			NAM							
STREET ADDRESS CITY-ST-ZIP	435 ELM					ET ADDRESS - ST-ZIP						
	MGRM	ATI OH 45202			-							
TITLE NAME		E MANAGEMENT SER	NACE (Delete	TITLE					Change	Addition	
STREET ADDRESS	435 ELM		ITIOE	o n, 1110.		- ET ADDRESS					ļ	
CITY-ST-ZIP		ATI.OH-45202	_: _			-ST-ZIP	_					
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CITY-ST-ZIP					CITY	ST-ZIP						
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				——————————————————————————————————————								
TITLE NAME				Delete	TITLE					Change	Addition	
STREET ADDRESS						ET ADDRESS				٠		
CITY-ST-ZIP						ST-ZIP						
TITLE				☐ Delete	TITLE					☐ Change	☐ Addition	
NAME					NAME			•			_	
STREET ADDRESS						ET ADDRESS					}	
CITY-ST-ZIP				·		ST-ZIP,						
11. I hereby c	ertify that the	information supplied with t is true and accurate and	this fill that m	ling does not qualify for ny signature shall have t	the exer	nption stated in Se legal effect as if r	ection 119.07(a	3)(i), Florida Statutes.	I further cert	ify that the in	nformation	

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #