

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000070281

FILED  
May 03, 2002 8:00 AM  
Secretary of State

Entity Name: PRESIDION SOLUTIONS, INC.

**Current Principal Place of Business:**

5825 US HIGHWAY 27 NORTH  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

755 W. BIG BEAVER  
SUITE 1700  
TROY, MI 48084

**New Mailing Address:**

FEI Number: 38-3547703      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CAPITAL CONNECTIONS, INC  
417 E. VIRGINIA STREET  
SUITE 1  
TALLAHASSEE, FL 32301

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: STACEY LEGGETT      05/03/2002  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C      ( ) Delete  
Name: CURCHAM, JOHN W II  
Address: 755 W. BIG BEAVER, STE. 1700  
City-St-Zip: TROY, MI 48084

Title: C      (X) Change ( ) Addition  
Name: BURCHAM, JOHN W II  
Address: 755 W. BIG BEAVER, STE. 1700  
City-St-Zip: TROY, MI 48084

Title: P      ( ) Delete  
Name: VANDERBURG, CRAIG A  
Address: 755 W. BIG BEAVER, STE. 1700  
City-St-Zip: TROY, MI 48084

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST      ( ) Delete  
Name: BAIERS, JAMES E  
Address: 755 W. BIG BEAVER, STE. 1700  
City-St-Zip: TROY, MI 48084

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. BAIERS      ST      05/03/2002  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date