2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000070281 1. Entity Name PRESIDION SOLUTIONS, INC.							O3 MAR -3 PM 4:28		
Principal Plac 5825 US HIGH SEBRING FL 3	fway 27 nor		Mailing Address 755 W. BIG BEAVER SUITE 1700 TROY MI 48084						
2. Principal F	Place of Busin	ness	3. Mailing Address 755 W. Big Beaver				T TO BELLO BE THE BOOK BOOK BOOK BOOK BOOK TO BE THE STORY HOLD SHOW THE STORY HOLD SH	I	
Suite, Apt.	•		Suite, Apt. #, etc. Suite 1700				CHECK HERE IF MAKING CHANGES		
City & Stat	te		City & State Troy, MI	Troy, MI			4. FEI Number 38-3547703 Applied For Not Applicate	ole	
Zip		Country	^{Zip} 48084	48084			5. Certificate of Status Desired		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent		
CAPITAL CONNECTIONS, INC 417 E. VIRGINIA STREET SUITE 1					Street A	Name NationsCorp Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 526 E. Park Avenue			
	SSEE FL 32				City Tal	laha	hassee FL Zip Code 32301		
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 Fiorida. 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 reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	,	
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10.	To .	OFFICERS AND D		11,	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_	
NAME STREET ADDRESS CITY-ST-ZIP		, John W II 3 Beaver, Ste. 1700 8084	□ Delete	NAM STRE			800013284255 03/03/0301002001 **158.75	on	
		JRG, CRAIG A B BEAVER, STE. 1700 8084	☐ Delete			Pre	resident/Director X□Change □Addition	on	
	ST BAIERS, JA 755 W. BIO TROY MI 4	BEAVER, STE. 1700	☐ Delete			Sec	ecretary/Director X□ Change □ Addition	on	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			755	reasurer/Director Change CXAddition Change CXAddition Common CANADDITION COMMON	on	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change ☐ Additio	nc	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete				☐ Change ☐ Additio	nc	
12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									

SIGNATURE: DOWN EASTON ESTAMESTE BAIERS 2/24/53 248-269-960