

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P04402 (4)**

1. Corporation Name  
**TRS INTERNATIONAL GROUP, INC.  
TRS STAFFING SOLUTIONS, INC.**



Principal Place of Business: **3333 MICHELSON DRIVE. 551M IRVINE CA 92730**  
Mailing Address: **3333 MICHELSON DRIVE. 551M IRVINE CA 92730**

3. Date Incorporated or Qualified: **12/18/1984**  
3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **57-0785147**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301**  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>P</b>	<b>MCALDER, J.P.</b> <input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>WHEELER, N.S.</b>
NAME: <b>MCALDER, J.P.</b>	<b>301 N. MAIN ST.</b>	1.2 NAME:	
STREET ADDRESS: <b>301 N. MAIN ST.</b>	<b>GREENVILLE SC</b>	1.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>GREENVILLE SC</b>		1.4 CITY-ST-ZIP:	
TITLE: <b>SD</b>	<b>TRIMBLE, P.J.</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>TRIMBLE, P.J.</b>	<b>3333 MICHELSON DR</b>	2.2 NAME:	
STREET ADDRESS: <b>3333 MICHELSON DR</b>	<b>IRVINE CA</b>	2.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>IRVINE CA</b>		2.4 CITY-ST-ZIP:	
TITLE: <b>VP</b>	<b>CONAWAY, J.M.</b> <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>CONAWAY, J.M.</b>	<b>3333 MICHELSON DRIVE</b>	3.2 NAME:	
STREET ADDRESS: <b>3333 MICHELSON DRIVE</b>	<b>IRVINE CA</b>	3.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>IRVINE CA</b>		3.4 CITY-ST-ZIP:	
TITLE: <b>AS</b>	<b>OLDHAM, A. M.</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>OLDHAM, A. M.</b>	<b>3333 MICHELSON DRIVE</b>	4.2 NAME:	
STREET ADDRESS: <b>3333 MICHELSON DRIVE</b>	<b>IRVINE CA</b>	4.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>IRVINE CA</b>		4.4 CITY-ST-ZIP:	
TITLE: <b>AT</b>	<b>MORROW, T. H.</b> <input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>MORROW, T. H.</b>	<b>3333 MICHELSON DRIVE</b>	5.2 NAME:	
STREET ADDRESS: <b>3333 MICHELSON DRIVE</b>	<b>IRVINE CA</b>	5.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>IRVINE CA</b>		5.4 CITY-ST-ZIP:	
TITLE: <b>CFO</b>	<b>ROLLANS, J.M.</b> <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>ROLLANS, J.M.</b>	<b>3333 MICHELSON DRIVE</b>	6.2 NAME:	
STREET ADDRESS: <b>3333 MICHELSON DRIVE</b>	<b>IRVINE CA</b>	6.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>IRVINE CA</b>		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: T.H. Morrow T.H. MORROW, ASST. TREASURER 4-22-96 (714) 975-4031  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)