


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 09 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P04402 (4)**  
 1. Corporation Name  
**TRS STAFFING SOLUTIONS, INC.**

Principal Place of Business <b>3333 MICHELSON DRIVE, 551M          IRVINE CA 92730</b>	Mailing Address <b>3333 MICHELSON DRIVE, 551M          IRVINE CA 92612-0625</b>
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2. Principal Place of Business <b>21 3353 MICHELSON DRIVE</b> Suite, Apt. #, etc. <b>22 551M</b> City & State <b>23 IRVINE, CA</b> Zip <b>24 92698-0001</b>		2a. Mailing Address <b>26 3353 MICHELSON DRIVE</b> Suite, Apt. #, etc. <b>27 551M</b> City & State <b>28 IRVINE, CA</b> Zip <b>29 92698-0001</b>		3. Date Incorporated or Qualified <b>12/18/1984</b>		3a. Date of Last Report <b>05/01/1996</b>	
25 Country		30 Country		4. FEI Number <b>57-0785147</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>\$8.75 Additional Fee Required</b> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC.</b> <b>526 EAST PARK AVENUE</b> <b>TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent			
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	
						FL 85 Zip Code	

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, N.S.	1.2 NAME	
STREET ADDRESS	301 N. MAIN ST.	1.3 STREET ADDRESS	3353 MICHELSON DRIVE
CITY-ST-ZIP	GREENVILLE SC	1.4 CITY-ST-ZIP	IRVINE, CA 92698
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONAWAY, J.M.	2.2 NAME	CHIEF FINANCIAL OFFICER
STREET ADDRESS	3333 MICHELSON DRIVE	2.3 STREET ADDRESS	3353 MICHELSON DRIVE
CITY-ST-ZIP	IRVINE CA	2.4 CITY-ST-ZIP	IRVINE, CA 92698
TITLE	AT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORROW, T. H.	3.2 NAME	
STREET ADDRESS	3333 MICHELSON DRIVE	3.3 STREET ADDRESS	3353 MICHELSON DRIVE
CITY-ST-ZIP	IRVINE CA	3.4 CITY-ST-ZIP	IRVINE, CA 92698
TITLE	CFO <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLANS, J.M.	4.2 NAME	
STREET ADDRESS	3333 MICHELSON DRIVE	4.3 STREET ADDRESS	3353 MICHELSON DRIVE
CITY-ST-ZIP	IRVINE CA	4.4 CITY-ST-ZIP	IRVINE, CA 92698
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	SECRETARY
STREET ADDRESS		5.3 STREET ADDRESS	FISHER, L.N.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	3353 MICHELSON DRIVE
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 ASST. TREASURER 4/21/97 (714) 975-4461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)