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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

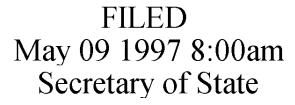
DOCUMENT # P04402

(4)

TRS STAFFING SOLUTIONS, INC.

Principal Place of Business Malling Address 2222 MICHELSON DOIVE SSIN

3333 MICHELSON DRIVE 551M





IRVINE CA 92730	THE OF IN	IRVINE CA 92612-0625									
						3. Date Incorporated or Qualified 3a. Date 12/18/1984 05/01			of Last Report		
2. Principal Place		2a. Mailing Address				4. FEI Number	I X = 1 X		App	lied For	
21 3353 MICHE	LSON DRIVE	26 3353 MICHELSON DRIVE				57-0785147	Not Applicable				
Suite, Apt. #, etc. 22 551M		Suite, Apt. #, etc. 27 551M				5. Certificate of Status Desired	S8.75 Additional Fee Required				
City & State		City & State				6. Election Campaign Financing \$5.00 May Be					
23 IRVINE, C						Trust Fund Contribution		Ad	ded to	Fees	
Zip 92698-00	- 1201	Zip 29 92698-0001	Country 30			Florida Statutes	liability for intangible tax under s. 199.032,				
9.	Name and Address of Current	Registered Agent		41		10. Name and Address of New Reg	Istered /	\gent			
	RVICES, INC.		*	1 Na	ame						
526 EAST PARK AVENUE			1	82 Street Address (P.O. Box Number is Not Acceptable							
TALLAHASSEE FL 32301			Ι	83							
			18	4 Cit	ty		FL	65	Zip C	ode	
office or regist agent I am fa SIGNATURE	e provisions of Sections 607,0502 tored agent, or both, in the State of militar with, and accept the obligat thre, typed or printed name of registered agent	of Florida. Such change was a none of, Section 607.0505, Flo	authorized orida Statu	by the es.	corporation	oration submits this statement for the puon's board of directors. I hereby accept	the app	cnang ointme	ing its nt as r	egistered	
12.	OFFICERS AND		13.	Abel # sig	natore require	ADDITIONS/CHANGES TO OFFICE		DIREC	CTORS	IN 12	
тиць Р	01770271017770	DELETE	1.1 TITL					K Ch		☐ Addition	
, ,	HEELER, N.S.		1.2 NAM	E							
	1 N. MAIN ST.		1.3 STR	ET ADOR	IESS 3	353 MICHELSON DRIVE					
OTY-ST-ZIP GF	REENVILLE SC		1.4 CITY	-ST-ZIP	1	RVINE, CA 92698					
TITLE <b>VP</b>		☐ DELETE	2.1 TITL		C	HIEF FINANCIAL OFFICER		Chi	inge	Addition	
	ONAWAY, J.M.		2.2 NAM								
	33 MICHELSON DRIVE			ET ADDR	1 3.	353 MICHELSON DRIVE					
CITY - ST - ZIP IN	VINE CA	DELETE	2. 4 CIT	(-\$T-ZIF	P 1.	RVINE, CA 92698		X Ch	anne	Addition	
, , -,	orrow, T. H.	☐ VEEL IE	3.2 NAM					MET DIV	a igo		
	133 MICHELSON DRIVE			ET ADDF	RESS 3	353 MICHELSON DRIVE					
	VINE CA			/- ST - ZIF		RVINE, CA 92698					
	FO	☐ DELETE	4.1 YITL			HIEF ADMINISTRATIVE OFFICE	R	X Ch	รกฎย	Addition	
NAME RO	OLLANS, J.M.		4. 2 NAJ	<b>AE</b>							
	33 MICHELSON DRIVE		4.3 STR	ET ADDF		353 MICHELSON DRIVE					
CHY-ST-ZIP IR	VINE CA			-ST-ZIP	II	RVINE, CA 92698		T-1 -		T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE		☐ DELETE	5.1 TITL		SE	ECRETARY		Ch	ange	Addition	
NAME			5.2 NAN		F1	ISHER, L.N.					
STREET ADDRESS				ET ADDF	RESS   33	353 MICHELSON DRIVE					
DITY-SI-Zif*		DELETE	5.4 City 6.1 Titu	-ST-ZIP	11	RVINE, CA 92698		☐ Ch	anne	Addition	
TITLE NAME		E DEFILE	6.1 INL					۰۰۰ یی	<del></del>	III Naulion	
STREET ACIDRESS			4	ET ADDF	RESS						
CITY-SI-7P				- ST- ZIP	- 1						
0011701101			0.7 0/11	27 21						<del>,</del>	

14. Ido 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.

OF THE PROPERTY OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

(714) 975-4461

Daylime Phone #