


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

**FILED**  
**Apr 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</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>3353 MICHELSON DR.                  551M                  IRVINE CA 92698-0001                  US</b>	Mailing Address <b>3353 MICHELSON DR.                  551M                  IRVINE CA 92698-0001                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/18/1984</b>	
21	26	4. FEI Number <b>57-0785147</b>		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC.                  526 EAST PARK AVENUE                  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	85. Zip Code
				<b>FL</b>	

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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (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>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WHEELER, N.S.</b>		1.2 NAME		
STREET ADDRESS	<b>3353 MICHELSON DR.</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>IRVINE CA</b>		1.4 CITY-ST-ZIP		
TITLE	<b>CFO</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CONAWAY, J.M.</b>		2.2 NAME		
STREET ADDRESS	<b>3353 MICHELSON DR.</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>IRVINE CA</b>		2.4 CITY-ST-ZIP		
TITLE	<b>AT</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MORROW, T. H.</b>		3.2 NAME		
STREET ADDRESS	<b>3353 MICHELSON DR.</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>IRVINE CA</b>		3.4 CITY-ST-ZIP		
TITLE	<b>CEO</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROLLANS, J.M.</b>		4.2 NAME		
STREET ADDRESS	<b>3353 MICHELSON DR.</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>IRVINE CA</b>		4.4 CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FISHER, L.N.</b>		5.2 NAME		
STREET ADDRESS	<b>3353 MICHELSON DR.</b>		5.3 STREET ADDRESS		
CITY-ST-ZIP	<b>IRVINE CA</b>		5.4 CITY-ST-ZIP		
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 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* **T.H. MORROW, ASST. TREASURER** 4/9/98 (714)975-6944

CR2E034 (10/97)