

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04402

1. Entity Name
TRS STAFFING SOLUTIONS, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90182 022 ***150.00

Principal Place of Business 3353 MICHELSON DR. 551M IRVINE CA 92698-0001 US	Mailing Address 3353 MICHELSON DR. 551M IRVINE CA 92612-0650 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business ONE ENTERPRISE DR. Suite, Apt. #, etc. F2B	3. Mailing Address ONE ENTERPRISE DR. Suite, Apt. #, etc. F2B
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City & State ALISO VIEJO CA	City & State ALISO VIEJO CA	4. FEI Number 57-0785147	Applied For <input type="checkbox"/> Not Applicable
Zip 92656	Country US	Zip 92656-2606	Country US

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME WHEELER, N.S.	
STREET ADDRESS 3353 MICHELSON DR.	
CITY-ST-ZIP IRVINE CA	
TITLE AT	<input type="checkbox"/> Delete
NAME MORROW, T. H.	
STREET ADDRESS 3353 MICHELSON DR.	
CITY-ST-ZIP IRVINE CA	
TITLE V	<input checked="" type="checkbox"/> Delete
NAME ROLLANS, J.M.	
STREET ADDRESS 3353 MICHELSON DR.	
CITY-ST-ZIP IRVINE CA	
TITLE DS	<input type="checkbox"/> Delete
NAME FISHER, L.N.	
STREET ADDRESS 3353 MICHELSON DR.	
CITY-ST-ZIP IRVINE CA	
TITLE DC	<input type="checkbox"/> Delete
NAME STEIN, J C	
STREET ADDRESS 3353 MICHELSON DR	
CITY-ST-ZIP IRVINE CA 92698	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GRUBBS, W.J.	
STREET ADDRESS ONE ENTERPRISE DR.	
CITY-ST-ZIP ALISO VIEJO CA 92656	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS ONE ENTERPRISE DR.	
CITY-ST-ZIP ALISO VIEJO CA 92656	
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME V/CFO ROACH, L.T.	
STREET ADDRESS ONE ENTERPRISE DR.	
CITY-ST-ZIP ALISO VIEJO CA 92656	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS ONE ENTERPRISE DR.	
CITY-ST-ZIP ALISO VIEJO CA 92656	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS ONE ENTERPRISE DR.	
CITY-ST-ZIP ALISO VIEJO CA 92656	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VT HULL, S.F.	
STREET ADDRESS ONE ENTERPRISE DR.	
CITY-ST-ZIP ALISO VIEJO CA 92656	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: T.H. MORROW, ASST. TREASURER 2/15/2000 (949) 349-4031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)