

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90425 042 ***150.00

DOCUMENT # P04402

1. Entity Name

TRS STAFFING SOLUTIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
ONE ENTERPRISE DR.

3. Mailing Address
ONE ENTERPRISE DR.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
F2B

Suite, Apt. #, etc.
F2B

City & State
ALISO VIEJO, CA

City & State
ALISO VIEJO, CA

4. FEI Number
57-0785147

Applied For
Not Applicable

Zip
92656 Country
US

Zip
92656 Country
US

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
NRAE

Street Address (P.O. Box Number is Not Acceptable)

526 EAST PARK AVE

City
TALLAHASSEE FL Zip Code
32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>COO</u> <u>J.O. ROLLANS</u> <u>ONE ENTERPRISE DR.</u> <u>ALISO VIEJO, CA 92656</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT</u> <u>L. RICKLEY</u> <u>ONE ENTERPRISE DR.</u> <u>ALISO VIEJO, CA 92656</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>V-PRESIDENT</u> <u>S.F. HULL</u> <u>ONE ENTERPRISE DR.</u> <u>ALISO VIEJO, CA 92656</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>ASST. TREASURER</u> <u>MIN C. TSENG</u> <u>ONE ENTERPRISE DR.</u> <u>ALISO VIEJO, CA 92656</u>
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3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Min C. Tseng
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02 949349-6091
Date Daytime Phone #

CR2E034B (12/01)