

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90126 046 \*\*\*150.00

**DOCUMENT # P10337**

1. Entity Name  
**WESTAFF (USA), INC.**

Principal Place of Business

**301 LENNON LANE  
P. O. BOX 9280  
WALNUT CREEK CA 94598-9280**

Mailing Address

**301 LENNON LANE  
P. O. BOX 9280  
WALNUT CREEK CA 94598-9280**

**D0047355**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **68-0095781**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>COB</b>	<input type="checkbox"/> Delete
NAME	<b>STOVER ROBERT W.</b>	
STREET ADDRESS	<b>301 LENNON LANE</b>	
CITY-ST-ZIP	<b>WALNUT CREEK CA</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NORBERG, PAUL A.</b>	
STREET ADDRESS	<b>301 LENNON LANE</b>	
CITY-ST-ZIP	<b>WALNUT CREEK CA</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>HERMAN, ROBIN A.</b>	
STREET ADDRESS	<b>301 LENNON LANE</b>	
CITY-ST-ZIP	<b>WALNUT CREEK CA</b>	
TITLE	<b>VPT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>EHRESMAN, MICHAEL W</b>	
STREET ADDRESS	<b>1116 CAPISTRANO COURT</b>	
CITY-ST-ZIP	<b>CORDELIA CA</b>	
TITLE	<b>VPC</b>	<input type="checkbox"/> Delete
NAME	<b>SODESTROM DIRK A.</b>	
STREET ADDRESS	<b>230 N WIGET LANE</b>	
CITY-ST-ZIP	<b>WALNUT CREEK CA</b>	
TITLE	<b>PCEO</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PHIPPEN, MICHAEL K</b>	
STREET ADDRESS	<b>301 LENNON LANE</b>	
CITY-ST-ZIP	<b>WALNUT CREEK CA</b>	

TITLE	<b>PRESIDENT &amp; CEO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP &amp; CONTROLLER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHN P. SANDERS</b>	
STREET ADDRESS	<b>630 KEITH CT.</b>	
CITY-ST-ZIP	<b>WALNUT CREEK, CA 94596</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP &amp; TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHRISTA C. LEONARD</b>	
STREET ADDRESS	<b>31 ARJANG CT.</b>	
CITY-ST-ZIP	<b>ALAMO, CA 94507</b>	
TITLE	<b>SVP &amp; CFO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>301 LENNON LANE</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Christa Leonard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/01* (925) 930-5300  
Date Daytime Phone #

CR2E034 (10/00)