

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90384 007 ***150.00

0656926 AT

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



2. Principal Place of Business
230 N WIGET LANE

3. Mailing Address
P. O. BOX 9280

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WALNUT CREEK CA

City & State
WALNUT CREEK CA

4. FEI Number **68-0095781**

Applied For
Not Applicable

Zip **94598** Country **COSTA RICA**

Zip **94598** Country **COSTA RICA**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO STOVER, ROBERT W 301 LENNON LANE WALNUT CREEK CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC SANDERS, JOHN P 630 KEITH CT. WALNUT CREEK CA 94598	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HERMAN, ROBIN A. 301 LENNON LANE WALNUT CREEK CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT LEONARD, CHRISTA C 31 ARJANG CT. ALAMO CA 94507	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC SODESTROM DIRK A. 301 LENNON LANE WALNUT CREEK CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO PEDERSON, DWIGHT S 301 LENNON LANE WALNUT CREEK CA 94598	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN OF THE BOARD 298 N WIGET LANE WALNUT CREEK CA 94598	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & CONTROLLER GEORGE T. HANSEN III 230 N. WIGET LANE WALNUT CREEK CA 94598	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & SECRETARY BONNIE A. McDONALD 298 N WIGET LANE WALNUT CREEK CA 94598	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	298 N WIGET LANE WALNUT CREEK CA 94598	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	298 N WIGET LANE WALNUT CREEK CA 94598	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHRISTA C. LEONARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(925) 930-5300

CR2E034 (10/02)