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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P13225

(8)

CONTRACT EMPLOYEE SERVICES, INC.

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									
140 NO MAIN STREET P.O. BOX 2216									
SUMMERVILLE SC 29484-2640			SCHENECTADY NY 12301-2216 US				DO NOT WRITE IN THIS SPACE		
`			00				3. Date Incorporated or Qualified	٦	
1							02/12/1987	1	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For		
21			26	26			52-1371068 Not Applicable	3	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional	7	
22 Oits 8 State			City & City				Fee Required	4	
City & State			City & State				Election Campaign Financing S.00 May Be Add 44 Factor A		
Zip Country			Z _{IP} Country				Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible	\dashv	
24	-,5			30	Personal Property Tax due June 30. Yes X No				
9, Name and Address of Curren							10. Name and Address of New Registered Agent		
	CT	CORPORATION SYSTEM			B1	Name	9	٦	
	120	0 S. PINE ISLAND ROAD			82	Street 4	t Address (P.O. Box Number is Not Acceptable)	4	
PLANTATION FL 33324				ļ	-	0,,,,,	Tradition (176) 20X Number to Historicality	╛	
					83				
}					84	City	85 Zip Code	\dashv	
					L]		FL		
יי ו	 Pursuant t office or re 	to the provisions of Sections 607.0503 egistered agent, or bolh, in the State	2 and 607.1508, Florida Statu of Florida: Such change was	tes, the at authorize	bove d by	e-named the corp	d corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered		
İ	agent. I ar	m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Stal	utes	3.			
SI	GNATURE .	Signature, typed or printed manie of registered age	ut and little if explicable (NO	TE Registere	d Age	nt explaine	re required when reinstating) DATE	1.	
12		OFFICERS AND		13.	- 19		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	15	
TIT	LE	P .	☐ DEL ete	1.1 1(1.1 TITLE		Change Addition	٤	
NA	ME	SULL IVAN, JOHN L.		1.2 N/	AME		SEE ATTACHED LIST	3	
ST	REET ADDRESS	140 N. MAIN STREET		1.3 STREET ADDRESS				ŀ	
CIT	Y-ST-ZIP				TY-S	T-ZIP		_[8	
TIT	LE	SDT DELETE 2.11			TŁE		Change Addition	ΠÇ	
NA	ME GOLLIHER, RICHARD D.			2.2 NAME		l		ļ	
STI	STREET ADDRESS 140-8 W RICHARDSON AVE			23 STREET ADDRES		ADDRESS			
	CITY-ST-ZIP SUMMERVILLE SC					ST-ZIP		4	
1	ITLE D LAMBERT, JACK L		DELETÉ	_		j	☐ Change ☐ Addition	· [
NA	1	140 MAIN STREET		3.2 N/					
CHARLEDINI E CO 00404				3.3 STREET ADDRESS		1		1	
_	Y-ST-ZIP	VP 20MMERVILLE 30 28404	DELETE			ST-ZIP	Change Addition	+	
TIT	i	BUCHANAN, MARK E	טנוגונ	4.1 70		1	Change C Addition	1	
NA.	ĺ	12 CORPORATE WOODS BOI	JI EVARD	4.2 N		ADDRESS			
STREET ADDRESS 12 CORPORATE WOODS BOOK				4.3 STREET ADDRESS 4.4 City-St-zip					
TIT		VD	DELETE		_	1 - ZIP	VD XX Change Addition	4	
	1	HAIDEN DIOLLEDD I			5.1 TITLE 5.2 NAME		HARVEY, RICHARD L.		
		140 NORTH MAIN ST		5.3 STREET ADDRESS		AUDBESS		1	
CHAMEDIALE CO 20404		SUMMERVILLE SC 29484							
TITLE VP			X DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		I-ZIF	SUMMERVILLE, SC 29484	\exists	
NAI	1	PINDER, SUSAN	2.00.00	6.2 N/		1	,		
	REET ADDRESS	12 CORPORATE WOODS BOL	JLEVARD			ADDRESS			
	Y-ST-71P	ALBANY NY 12211	=	1		1.7IP		1	

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.

CITY-ST-ZIP

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