


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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90127 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P13225
 1. Corporation Name
CONTRACT EMPLOYEE SERVICES, INC.

Principal Place of Business 140 NO MAIN STREET SUMMERVILLE SC 29484-2640 US	Mailing Address P.O. BOX 2216 SCHENECTADY NY 12301-2216 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/12/1987
21	26	4. FEI Number 52-1371068
22	27	5. Certificate of Status Desired <input type="checkbox"/> Applied For Not Applicable
23	28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25	30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JOHN L.	1.2 NAME	SEE LIST ATTACHED
STREET ADDRESS	140 N. MAIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERVILLE SC	1.4 CITY-ST-ZIP	
TITLE	SDT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLLIHER, RICHARD D.	2.2 NAME	
STREET ADDRESS	140-B W RICHARDSON AVE	2.3 STREET ADDRESS	140 N. MAIN STREET
CITY-ST-ZIP	SUMMERVILLE SC	2.4 CITY-ST-ZIP	SUMMERVILLE, SC 29484
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, JACK L	3.2 NAME	
STREET ADDRESS	140 MAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERVILLE SC 29484	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, MARK E	4.2 NAME	
STREET ADDRESS	12 CORPORATE WOODS BOULEVARD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY NY 12211	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, RICHARD L	5.2 NAME	
STREET ADDRESS	140 NORTH MAIN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERVILLE SC 29484	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VP BARBARA A. MELITA
STREET ADDRESS		6.3 STREET ADDRESS	12 CORPORATE WOODS BLVD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ALBANY, NY 12211

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, with all other like empowered.

SIGNATURE: Barbara A. Melita BARBARA A. MELITA 4/26/99 518-433-4337
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

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For Year: 1998 8/28/98

N/C Grant Personnel & Technical Services, Inc.

FKA: Contract Employee Services, Inc.
521371068

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Name	Title	Business Address
Richard D. Gollmer	Director	140 North Main Street P. O. Box 2640 Summerville SC 294842640
Richard L. Harvey	Director	140 North Main Street P. O. Box 2640 Summerville SC 294842640
Jack L. Lambert	Director	140 North Main Street P. O. Box 2640 Summerville SC 29484
Mark E. Buchanan	Assistant Treasurer	12 Corporate Woods Boulevard Albany NY 12211 US
Mark E. Buchanan	Vice President	12 Corporate Woods Boulevard Albany NY 12211 US
Richard D. Gollmer	Secretary	140 North Main Street P. O. Box 2640 Summerville SC 294842640
Richard D. Gollmer	Treasurer	140 North Main Street P. O. Box 2640 Summerville SC 294842640
Richard L. Harvey	Vice President	140 North Main Street P. O. Box 2640 Summerville SC 294842640
Barbara A. Melita	Assistant Treasurer	12 Corporate Woods Boulevard Albany NY 12211 US
Barbara A. Melita	Vice President	12 Corporate Woods Boulevard Albany NY 12211 US
John L. Sullivan	President	140 North Main Street P. O. Box 2640 Summerville SC 294842640

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