Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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

Mailing Address 501 MOSSIDE BLVD.

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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NORTH VERSAILLES PA 15137

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P23465** 1. Corporation Name

PRECISE TMP, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

501 MOSSIDE BLVD. NORTH VERSAILLES PA 15137

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FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90156 042 ***300.00

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| | 1300/1001 15 1/1303 1111 11016 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 |
|----|--|
| | DO NOT WRITE IN THIS SPACE |
| 3. | Date Incorporated or Qualifed |

 \Box

03/20/1989 4. FEI Number

54-1253743

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

| Zip | Country | Zip | _ Country | | This corporation owes the current yea | r Intangible | | | |
|---|--|---------------------------------|-------------|---|---|---------------|------------------|--|--|
| 24 | 25 | 29 30 |) | | Personal Property Tax. | Yes | □No | | |
| • | 9. Name and Address of Current F | Registered Agent | | 10. Name and Address of New Registered Agent | | | | | |
| | | | 81 | Name | | | | | |
| | PRENTICE-HALL CORPORATION S | SYSTEM INC. | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | HAYS STREET | | | 0.00017 | | | | | |
| | E 105 | | 83 | | | | | | |
| TALL | AHASSEE FL 32301 | | 84 | City | | 85 Zip C | ode. | | |
| | | | 0** | City | | FL | ,cdc | | |
| 11. Pursuant | to the provisions of Sections 607.0502 a | and 607.1508, Florida Statutes, | e-named o | corporation submits this statement for the purpos | e 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 nereby accept the appointment as registered | | | | | | | | | |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | |
| SIGNATURE Signature, typed or printed/name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | _ | ADDITIONS/CHANGES TO OFFICERS | S AND DIRECTO | RS IN 12 | | |
| TITLE | VPCF | ☐ DELETE | 1.1 TITLE | l | | ☐ Change | ☐ Addition | | |
| NAME | CONLEY, GREGORY R | | 1.2 NAME | - | | | 1 | | |
| STREET ADDRESS | 501 MOSSIDE BLVD | | 1.3 STREET | ADDRESS | | | 1 | | |
| CITY-ST-ZIP | NOOTH MEDIANIES DA 45407 | | | r-zip | | | | | |
| TITLE | DVCT | ☐ DELETE | 2.1 TITLE | Ì | | Change | Addition | | |
| NAME | REMLEY, WILLIAM L | | 2.2 NAME | | | | | | |
| STREET ADDRESS | TARE DECEMBER ACTIL FLOOR | | 2.3 STREET | ADDRESS | • | | | | |
| CITY-ST-ZIP | NEW YORK NY 10018 | | 2. 4 CITY-S | T-ZIP | | | | | |
| TITLE | DAS | DELETE | 3.1 TITLE | | | ☐ Change | ☐ Addition | | |
| NAME | HOFFMAN, RICHARD C | | 3.2 NAME | | | | | | |
| STREET ADDRESS | 1430 BROADWAY 13TH FLOOR | | 3.3 STREET | ADDRESS | | | ļ | | |
| CITY-ST-ZIP | NEW YORK NY 10018 | | 3.4. CITY+S | T-ZIP | • | | | | |
| TITLE | PCEO | ☐ DELETE | 4.1 TITLE | | | ☐ Change | ☐ Addition | | |
| NAME | WEEKS, JOHN R | | 4. 2 NAME | | | | | | |
| STREET ADDRESS | 501 MOSSIDE BLVD. | | 4.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | NORTH VERSAILLES PA 15137 | | 4.4 CITY-S | T-ZIP | | | | | |
| TITLE | DC | XXXDELETE | 5.1 TITLE | ļ | DCS | Change | ⊠ ddition | | |
| NAME | BORNAK, MICHAEL D | | 5.2 NAME | l | KRAMER, RICHARD L. | | | | |
| STREET ADDRESS | 501 MOSSIDE BLVD. | | 5.3 STREET | ADDRESS | 1430 BROADWAY, 13TH I | FLOOR | } | | |
| CITY-ST-ZI₽ | NORTH VERSAILLES PA 15137 | | 5.4 C/TY-S | r-zip | NEW YORK, NY | | | | |
| TITLE | DVPM | ☐ DELETE | 6.1 TITLE | | | Change | Addition | | |
| NAME | FARRELL, MICHAEL M | | 6.2 NAME | | | | | | |
| STREET ADDRESS | 501 MOSSIDE BLVD. | | 6.3 STREET | ADDRESS | | | | | |
| CITY+ST-ZIP | NORTH VERSAILLES FL 15137 | | 6.4 CITY-S | T-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, with all other like empowered.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR