

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P24749 (4)
1. Corporation Name
PERSONNEL RESEARCH AND DEVELOPMENT CORPORATION

Principal Place of Business

30185 CHAGRIN BOULEVARD
CLEVELAND OH 44124-5703

Mailing Address

30185 CHAGRIN BOULEVARD
CLEVELAND OH 44124-5703

FILED
Apr 02 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address	
21 2285 Enterprise Parkway	26 2285 Enterprise Parkway		
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.	
22	27		
City & State		City & State	
23 Twinsburg OH	28 Twinsburg OH		
Zip		Zip	
24 44087	29 44087	30 USA	
Country		Country	
25 USA	30 USA		

3. Date Incorporated or Qualified	3a. Date of Last Report
06/14/1989	04/02/1996
4. FEI Number	Applied For
34-0788873	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	<input type="checkbox"/>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

GOTTSEGEN, STANLEY D.
1645 PALM BEACH LAKES BLVD
SUITE 1200
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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

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
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 AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	President
NAME	OWEN, TERRY W.	1.2 NAME	Owen, Terry W.
STREET ADDRESS	30195 CHAGRIN BLVD.	1.3 STREET ADDRESS	2285 Enterprise Parkway
CITY-ST-ZIP	PEPPER PIKE OH	1.4 CITY-ST-ZIP	Twinsburg OH 44087
TITLE	VD	2.1 TITLE	Vice President
NAME	NEMEROFF, WAYNE F.	2.2 NAME	Owen, Kevin
STREET ADDRESS	30195 CHAGRIN BLVD.	2.3 STREET ADDRESS	2285 Enterprise Parkway
CITY-ST-ZIP	PEPPER PIKE OH	2.4 CITY-ST-ZIP	Twinsburg OH 44087
TITLE		3.1 TITLE	Vice President
NAME		3.2 NAME	Tull, Kristen
STREET ADDRESS		3.3 STREET ADDRESS	2285 Enterprise Parkway
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Twinsburg OH 44087
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Terry W. Owen* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-3-97 Daytime Phone #