FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P28830 (8)

1. Corporation Name

Dobbs Temporary Services, Inc.

600001459336
-04/18/95--01095--011
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
920 Second Ave S #920 Minneapolis, MN 55402	920 Second Ave S #920 Minneapolis, MN 55402

3. Date Incorporated or Qualified: 4/30/90
3a. Date of Last Report: 2/22/94

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 41-1655052 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT Corp
1200 S. Pine Island Rd
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	☐ Change ☐ Addition
NAME	Dobbs, Jeffrey P.	1.2 NAME	
STREET ADDRESS	920 Second Ave S. #920	1.3 STREET ADDRESS	
CITY-ST-ZIP	Minneapolis MN 55402	1.4 CITY-ST-ZIP	
TITLE	Vice President	2.1 TITLE	☐ Change ☐ Addition
NAME	Dobbs, Douglas J.	2.2 NAME	
STREET ADDRESS	222 W. Las Colinas Blvd	2.3 STREET ADDRESS	
CITY-ST-ZIP	Irving, TX	2.4 CITY-ST-ZIP	
TITLE	Secretary	3.1 TITLE	☐ Change ☐ Addition
NAME	Morris, Michael E.	3.2 NAME	
STREET ADDRESS	5151 Beltline Rd #330	3.3 STREET ADDRESS	
CITY-ST-ZIP	Dallas TX	3.4 CITY-ST-ZIP	
TITLE	Treasurer	4.1 TITLE	☐ Change ☐ Addition
NAME	Morel, Clay E.	4.2 NAME	
STREET ADDRESS	1360 Post Oak Blvd #1770	4.3 STREET ADDRESS	
CITY-ST-ZIP	Houston TX	4.4 CITY-ST-ZIP	
TITLE	A/S	5.1 TITLE	☐ Change ☐ Addition
NAME	Brenny, Kevin J.	5.2 NAME	
STREET ADDRESS	920 Second Ave S. #920	5.3 STREET ADDRESS	
CITY-ST-ZIP	Mpls MN 55402	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 4-1-95 610/331-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #