

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

FILED  
May 16 1997 8:00am  
Secretary of State

DOCUMENT # P31865

(9)

1. Corporation Name  
STAFCO, INC.

Principal Place of Business

111 MADISON ST.  
SUITE 1130  
TAMPA FL 33602

Mailing Address

PO BOX 8775  
METAIRIE LA 70011-8775  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/14/1990		3a. Date of Last Report 03/14/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 72-0800170		Applied For Not Applicable	
22 175 BROAD HOLLOW ROAD		27 175 BROAD HOLLOW ROAD		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State MELVILLE, NY 11747-8905		28 City & State MELVILLE, NY 11747-8905		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SUSAN PREISING  
111 MADISON ST.  
SUITE 1130  
TAMPA FL 33602

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

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	VP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRAGG, MARGARET M.			1.2 NAME			
STREET ADDRESS	773 BEAU CHENE			1.3 STREET ADDRESS			
CITY- ST- ZIP	MANDEVILLE LA			1.4 CITY- ST- ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, CARMEN J			2.2 NAME			
STREET ADDRESS	104 RANDOM OAKS DR			2.3 STREET ADDRESS			
CITY- ST- ZIP	MANDEVILLE LA			2.4 CITY- ST- ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDERSEN, MARY F.			3.2 NAME			
STREET ADDRESS	849 WILSHIRE			3.3 STREET ADDRESS			
CITY- ST- ZIP	METAIRIE LA			3.4 CITY- ST- ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOFFMEIER, KATHY A			4.2 NAME			
STREET ADDRESS	3822 HILLGRAND DRIVE			4.3 STREET ADDRESS			
CITY- ST- ZIP	DURHAM NC			4.4 CITY- ST- ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEE GINA P			5.2 NAME			
STREET ADDRESS	655 LANGWOOD			5.3 STREET ADDRESS			
CITY- ST- ZIP	HOUSTON TX			5.4 CITY- ST- ZIP			
TITLE		<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 included 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:

*Karen A. Raden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/97

Date

844-7246

Daytime Phone #

CR2E034 (9/96)

2/4/97  
LLL, Jr.

**Directors and Officers**

**of**

**Professional Staffing, Inc.  
Legal Staffing, Inc.  
Stafo, Inc. and  
Resource Corporation**

**Directors:**

**Frank N. Liguori  
Richard A. Piske, III  
Joseph A. Turano, III**

**Officers:**

<b>Richard A. Piske, III</b>	<b>--</b>	<b>Chairman</b>
<b>Joseph A. Turano, III</b>	<b>--</b>	<b>President</b>
<b>William P. Costantini</b>	<b>--</b>	<b>Senior Vice President and General Counsel</b>
<b>Anthony J. Puglisi</b>	<b>--</b>	<b>Senior Vice President- Finance and Treasurer</b>
<b>Laurin L. Laderoute, Jr.</b>	<b>--</b>	<b>Vice President and Secretary</b>
<b>✓ John R. Smith</b>	<b>--</b>	<b>Vice President</b>
<b>✓ Kathleen G. Quatroy</b>	<b>--</b>	<b>Assistant Secretary</b>

**BUSINESS ADDRESS FOR ALL  
THE ABOVE  
175 BROAD HOLLOW ROAD  
MELVILLE, NY 11747-8905**