

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90246 018 ***150.00

A0065783

DO NOT WRITE IN THIS SPACE

DOCUMENT # P33004			
1. Entity Name MRA Staffing Systems, Inc.			
Principal Place of Business 7500 Grace Drive Columbia, md 21044		Mailing Address Same	
2. Principal Place of Business 7500 Grace Drive Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Columbia, Md 21044		City & State	
Zip	Country US	Zip	Country
4. FEI Number 65-0180825		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent Corporation Service Company 1201 Hays Street Tallahassee, Fl 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Director & President ☐ Delete	NAME W. Brian McGowan	TITLE ☐ Change ☐ Addition	NAME
STREET ADDRESS 7500 Grace Drive	CITY-ST-ZIP Columbia, Md 21044	STREET ADDRESS	CITY-ST-ZIP
TITLE VP, Treasurer & Director ☐ Delete	NAME Robert M. Tarola	TITLE ☐ Change ☐ Addition	NAME
STREET ADDRESS 7500 Grace Drive	CITY-ST-ZIP Columbia, Md 21044	STREET ADDRESS	CITY-ST-ZIP
TITLE Director ☐ Delete	NAME Paul J. Norris	TITLE ☐ Change ☐ Addition	NAME
STREET ADDRESS 7500 Grace Drive	CITY-ST-ZIP Columbia, Md 21044	STREET ADDRESS	CITY-ST-ZIP
TITLE Secretary ☐ Delete	NAME Mark A. Shelnitz	TITLE ☐ Change ☐ Addition	NAME
STREET ADDRESS 7500 Grace Drive	CITY-ST-ZIP Columbia, Md 21044	STREET ADDRESS	CITY-ST-ZIP
TITLE Assistant Treasurer ☐ Delete	NAME David Nakashige	TITLE ☐ Change ☐ Addition	NAME
STREET ADDRESS 5400 Broken Sound Blvd, NW	CITY-ST-ZIP Boca Raton, Fl 33487	STREET ADDRESS	CITY-ST-ZIP
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Mark Shelnitz		Mark Shelnitz	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
Daytime Phone #		4/27/01	
410-531-4000		410-531-4000	

CR2E034 (11/00)