

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33004

FILED  
Mar 30, 2010  
Secretary of State

**Entity Name:** MRA STAFFING SYSTEMS, INC.

**Current Principal Place of Business:**

7500 GRACE DR.  
COLUMBIA, MD 21044 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MOLLIE K SPRINKLE  
7500 GRACE DR  
COLUMBIA, MD 21044 US

**New Mailing Address:**

C/O JANICE L. PROSSER  
7500 GRACE DR  
COLUMBIA, MD 21044 US

**FEI Number:** 65-0180825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DVP  
Name: FINKE, RICHARD C  
Address: 7500 GRACE DRIVE  
City-St-Zip: COLUMBIA, MD 21044

Title: VPTD  
Name: LA FORCE III, HUDSON  
Address: 7500 GRACE DR.  
City-St-Zip: COLUMBIA, MD 21044

Title: VPAS  
Name: FINKE, CAROL M  
Address: 6001 BROKEN SOUND PARKWAY, NW #600  
City-St-Zip: BOCA RATON, FL 33487

Title: S  
Name: MCFARLAND, JOHN A  
Address: 7500 GRACE DRIVE  
City-St-Zip: COLUMBIA, MD 21044

Title: P  
Name: SHELNITZ, MARK A  
Address: 7500 GRACE DR.  
City-St-Zip: COLUMBIA, MD 21044

Title: DAT  
Name: FILON, ELYSE N  
Address: 5400 BROKEN SOUND BLVD., STE 300  
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN A. MCFARLAND

S

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date