



4-21-97 B-5010 NC  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P33668 (5)</b>			
1. Corporation Name <b>CONTRACT STAFFING GROUP, INC.</b>			
Principal Place of Business <b>ONE MONCKTON BLVD. COLUMBIA SC 29206 US</b>		Mailing Address <b>177 CROSSWAYS PARK DRIVE WOODBURY NY 11797-2016 US</b>	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Country
9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent	
B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)	
B3		B4 City	
B5 Zip Code		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			
City, where 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	C	1.1 TITLE	Change Addition
NAME	MACAULEY, WALTER	1.2 NAME	
STREET ADDRESS	177 CROSSWAYS PARK DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	WOODBURY NY	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	Change Addition
NAME	MCLAURIN, DONALD	2.2 NAME	
STREET ADDRESS	ONE MONCKTON BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	WOODBURY NY	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	Change Addition
NAME	DRUCKMAN, MICHAEL	3.2 NAME	
STREET ADDRESS	177 CROSSWAYS PARK DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	WOODBURY NY	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	Change Addition
NAME	MIKE REINECKE	4.2 NAME	
STREET ADDRESS	177 CROSSWAYS PARK DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	WOODBURY NY 11747	4.4 CITY - ST - ZIP	
TITLE	VP	5.1 TITLE	Change Addition
NAME	CALABRO, ROBERT	5.2 NAME	
STREET ADDRESS	177 CROSSWAYS PARK DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	WOODBURY NY	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	
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:  AUP-TAKES 4/6/97 (516) 682-1400			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)