

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P40491** (3)

1. Corporation Name

ON ASSIGNMENT, INC.

Principal Place of Business

20801 BISCAYNE BLVD.
SUITE 400
AVENTURA FL 33180
US

Mailing Address

26651 W AGOURA RD
CALABASAS CA 91302
US



3. Date Incorporated or Qualified

09/15/1992

3a. Date of Last Report

04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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	PDC	<input type="checkbox"/> DELETE
NAME	BUELTER, H. TOM	
STREET ADDRESS	26651 W. AGOURA ROAD	
CITY - ST - ZIP	CALABASAS CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WESTPRATHER, KATHY	
STREET ADDRESS	26651 W. AGOURA ROAD	
CITY - ST - ZIP	CALABASAS CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CZYZEWSKI, TAD	
STREET ADDRESS	26651 W. AGOURA ROAD	
CITY - ST - ZIP	CALABASAS CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RUDOLPH, RONALD	
1.3 STREET ADDRESS	26651 W. AGOURA RD	
1.4 CITY - ST - ZIP	CALABASAS, CA 91302	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRENNER, KAREN	
2.3 STREET ADDRESS	667 MADISON AVE, 25th FLOOR	
2.4 CITY - ST - ZIP	NEW YORK, NY 10021	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JONES, JERRY	
3.3 STREET ADDRESS	3560 HYLAND AVE.	
3.4 CITY - ST - ZIP	COSTA MESA, CA 92626	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HOLMAN, JONATHAN	
4.3 STREET ADDRESS	1592 UNION ST., STE 239	
4.4 CITY - ST - ZIP	SAN FRANCISCO, CA 94123	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BROCK, WILLIAM	
5.3 STREET ADDRESS	49 OLD SOLOMONS ISLAND RD, #207	
5.4 CITY - ST - ZIP	ANNAPOLIS, MD 21401	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD RUDOLPH

4-17-96

818-878-7900

Date

Daytime Phone #

CR2E034 (12/95)