2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# P94000024989

Entity Name: SELECTIVE HR SOLUTIONS XI, INC.

Current Principal Place of Business:

6920 PROFESSIONAL PKWY EAST
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

ATT: CORPORATE LEGAL
40 WANTAGE AVENUE
BRANCHVILLE, NJ 07890

New Mailing Address:

FEI Number: 65-0652125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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: PCEO ( ) Delete
Name: COLEMAN, JAMES W JR.
Address: 6920 PROFESSIONAL PKWY E
City-St-Zip: SARASOTA, FL 34240

Title: VP ( ) Delete
Name: DUNCAN, JOEL D
Address: 6920 PROFESSIONAL PKWY E
City-St-Zip: SARASOTA, FL 34240

Title: VP ( ) Delete
Name: LACY, JOHN
Address: 6920 PROFESSIONAL PKWY E
City-St-Zip: SARASOTA, FL 34240

Title: VPAS ( ) Delete
Name: FRANKLIN, MALCOLM G
Address: 40 WANTAGE AVENUE
City-St-Zip: SARASOTA, FL 07890

Title: T ( ) Delete
Name: THATCHER, DALE A
Address: 40 WANTAGE AVE
City-St-Zip: BRANCHILLE, NJ 07890

Title: S ( ) Delete
Name: SCHUMACHER, MICHELE N
Address: 40 WANTAGE AVENUE
City-St-Zip: BRANCHVILLE, NJ 07890

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MALCOLM G. FRANKLIN VPAS 04/21/2004

Electronic Signature of Signing Officer or Director — Date