

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 #P94-000037807

1. Corporation Name

PERSONNEL SERVICES LEASING, INC.

Principal Place of Business

Mailing Address

**1560 140th Avenue N.E.
Suite 201
Bellevue, WA 98005**

Same

3. Date Incorporated or Qualified

5/19/94

3a. Date of Last Report

11/2/95

2. Principal Place of Business

2a. Mailing Address

21 1560 140th Avenue N.E.

26 1560 140th Avenue N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 201

27 Suite 201

City & State

City & State

23 Bellevue, WA 98005

28 Bellevue, WA 98005

Zip

Country

Zip

Country

24 98005

25 USA

29 98005

30 USA

4. FEI Number

59-3244116

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes **XX** Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**The Prentice Hall Corporation System
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 **President** ☐ DELETE
NAME **Kenneth H. Reiserer**
STREET ADDRESS **1560 140th Avenue N.E., Suite 201**
CITY-ST-ZIP **Bellevue, WA 98005**

1.1 TITLE

☐ Change ☐ Addition

TITLE **Secty/Treasurer** ☐ DELETE
NAME **Sonia M. Agee**
STREET ADDRESS **1560 140th Avenue N.E., Suite 201**
CITY-ST-ZIP **Bellevue, WA 98005**

1.2 NAME

☐ Change ☐ Addition

TITLE **Director** ☐ DELETE
NAME **Kenneth H. Reiserer**
STREET ADDRESS **1560 140th Avenue N.E., Suite 201**
CITY-ST-ZIP **Bellevue, WA 98005**

1.3 STREET ADDRESS

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME

☐ Change ☐ Addition

2.3 STREET ADDRESS

☐ Change ☐ Addition

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

☐ Change ☐ Addition

3.3 STREET ADDRESS

☐ Change ☐ Addition

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

☐ Change ☐ Addition

4.3 STREET ADDRESS

☐ Change ☐ Addition

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

☐ Change ☐ Addition

5.3 STREET ADDRESS

☐ Change ☐ Addition

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

☐ Change ☐ Addition

6.3 STREET ADDRESS

☐ Change ☐ Addition

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

President

4/15/96

206/562-9751

Date

Daytime Phone #

CR2E034 (12/95)