

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90630 009 \*\*\*150.00

0453259 AV

**DOCUMENT # P94000061204**

1. Entity Name  
**KFORCE INC.**



Principal Place of Business  
**1001 E. PALM AVE.  
TAMPA FL 33605**

Mailing Address  
**1001 E. PALM AVE.  
TAMPA FL 33605**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3264661**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HURLEY, MICHAEL R  
1001 EAST PALM AVE  
TAMPA FL 33605**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO DUNKEL, DAVID L 100 EAST PALM AVE TAMPA FL 33606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPC SANDERS, WILLIAM L 100 EAST PALM AVE TAMPA FL 33606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T KELLY, EILEEN 908 S. ROME AVE TAMPA FL 33606</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPFA CAUSA, JACK 1116 OLD CEDAR RD MC LEAN VA 22102</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP COCCHIARO, RICHARD P O BOX 42 HOLDERNESS NH 03245</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment  
Doc # 194 00000204  
80086192

**List of Officers**

**Kforce Inc.** (formerly Kforce.com, Romac International)  
1001 East Palm Ave.  
Tampa, FL 33605

Contact: Michael Hurley      Phone: (813)552-3656

David L. Dunkel  
Chief Executive Officer, Director  
Ryans Road  
Holderness, NH 03245  
DOB 02/15/54  
SSN 035-32-0803

William L. Sanders  
-VP, CFO, COO, Secretary, Director-  
16205 Villareal De Avila  
Tampa, FL 33613  
DOB 05/27/46  
SSN 377-48-6282

David Kelly  
Treasurer  
16008 Langhorne Court  
Tampa, FL 33647  
DOB 07/06/65  
SSN 358-42-0739

Joseph J. Liberatore  
Chief Talent Officer  
15916 Armstead Lane  
Odessa, FL 33566  
DOB 03/04/1963  
SSN 149-66-3453

Ken W. Pierce  
Chief Marketing Officer  
28 Ladoga Avenue  
Tampa, Florida 33606  
DOB 05/21/1957  
SSN 414-02-9908

Michael R. Blackman  
VP – Investor Relations  
2615 Morrison Ave.  
Tampa, FL 33629  
DOB 02/05/1955  
SSN 094-40-2314

Howard W. Sutter  
Vice President  
12152 NW 9<sup>th</sup> Drive  
Coral Springs, FL 33071  
DOB 12/07/1948  
SSN 165-42-6023