2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P94000081389



04 AUG 10 PM 1:25

TEAMSTAFF II, INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business TEAMSTAFF BUILDING 8TH FLOOR 300 ATRIUM DR. 300 ATRIUM DRIVE SOMERSET, NJ 08873						1 1 0 0 11 0 1 1 11 11 11	2 14		DEN ((12) (2)(N (2)	1171 II 1181 .	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07282004	Chg-P	CR2E0	34 (10/03)			
City & State		City & State		4. FEI Number 59-3277121				_ 	plied For t Applicable		
Zip	Country .	Zip	Coun	try			f Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent				Name		7. Name and A	Address of New R	egistered /	Agent		
CORPORATION, CT 1200 SO. PINE ISLAND ROAD PLANTATION, FL 33324				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 NOWIII FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	OFFICERS AND C	IRECTORS	11.			ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CC ROMANO, GERARD 300 ATRIUM DRIVE SOMERSET, NJ 08873	Delete		E 1 ET ADDRESS 2	Γ. (α 300	udent Cent Sm Atrium Lerset, 1	Drive	3	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNN, WAYNE R 1901 ULMERTON ROAD STE 800 CLEARWATER, FL 33762	Delete		E K ET ADDRESS S -ST-ZIP	21ck 300 501		CFO Ili No OFF	73	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, T. KENT 300 ATRIUM DR SOMERSET, NJ 08873	☐ Delete		E (Ju ₹oc	troller vyl Presu Atrium werset,) DV LOC	73	☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	□ Delete				. nev CTT			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l			Clarida Chabatan I		Change	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:

Edmund C. Kenealt, VP General Counsel & Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

84/04 781-937-3311