

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90132 025 \*\*\*150.00

**DOCUMENT # P94000081393**

1. Entity Name  
**TEAMSTAFF IV, INC.**



Principal Place of Business

**300 ATRIUM DRIVE  
SOMERSET, NJ 08873**

Mailing Address

**300 ATRIUM DR.  
SOMERSET, NJ 08873**

**20017326**



02232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3277126**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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

P

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	SV
NAME	HOUSTON, JAMES
STREET ADDRESS	300 ATRIUM DRIVE
CITY-ST-ZIP	SOMERSET, NJ 08873
TITLE	D
NAME	SMITH, T. KENT
STREET ADDRESS	300 ATRIUM DR
CITY-ST-ZIP	SOMERSET, NJ 08873
TITLE	P
NAME	SMITH, T. KENT
STREET ADDRESS	300 ATRIUM DRIVE
CITY-ST-ZIP	SOMERSET, NJ 08873
TITLE	VCFO
NAME	FILIPPELLI, RICK
STREET ADDRESS	300 ATRIUM DRIVE
CITY-ST-ZIP	SOMERSET, NJ 08873
TITLE	CC
NAME	PRESUTO, CHERYL
STREET ADDRESS	300 ATRIUM DRIVE
CITY-ST-ZIP	SOMERSET, NJ 08873
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/24/06**

Date

**732-744-1700**

Daytime Phone #