## 2004 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** DOCUMENT # P94000081395 04 AUG 10 PM 1:39 1. Entity Name TEAMSTAFF V, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 300 ATRIUM DRIVE 300 ATRUIM DR SOMERSET, NJ 08873 SOMERSET, NJ 08873 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07282004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-3277127 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE BLAND RD PLANTATION, FL 33324 City Zip Code FI 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) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President Delete Addition TITLE TITLE Change T. Kent Smith NAME LYNN, WAYNE R NAMÉ STREET ADDRESS 1901 ULMERTON RD, STE 800 STREET ADDRESS 300 Atrium Drue 08873 CLEARWATER, FL 33762 CITY-ST-ZIP CITY-ST-ZIP Somerset NJ V.P. Finance CFO TITLE Delete **X** Addition TIT! F ☐ Change SMITH, T. KENT NAME Kick Filippell 300 Arrum Drive STREET ADDRESS 300 ATRIUM DR STREET ADDRESS CITY-ST-ZIP SOMERSET, NJ 08873 CITY-ST-ZIP Somerat MT Controller CC Delete TITLE ☐ Change Addition ROMANO, GERARD Churyl Presuto NAME NAME 300 Afrium Brive STREET ADDRESS 300 ATRIUM DRIVE STREET ADDRESS CITY-ST-ZIP SOMERSET, NJ 08873 CITY-ST-ZIP 08873 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KENEALY, EDMUND C NAME STREET ADDRESS 800 W. CUMMINGS PK, STE 1500 STREET ADDRESS 500040253055 CITY-ST-ZIP WOBURN, MA 01801 CITY-ST-ZIP 7/04--01064--007 \*\*550 ☐ Change TITLE ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 addresse with all other like empowered.

SIGNATURE: Edmund