

CAPITAL CONNECTION INC
417 E. Virginia Street, Suite 100 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8862 • Fax (850) 222-1222

098000019336

FILED

02 AUG -9 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200007013812--6

-08/09/02--01048--014

1312.50 **43.75

WRI Staffing Inc

Art of Inc. File

LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

☒ RA ~~Resignation~~ ^{Change}

Dissolution / Withdrawal

Annual Report / Reinstatement

☒ Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

RECEIVED
02 AUG -9 AM 11:16
DIVISION OF CORPORATION

8/13/02

X00789, 00721, 00672

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 12, 2002

Capital Connection, Inc.
417 E. Virginia St.
Ste 1
Tallahassee, FL 32301

SUBJECT: W R I STAFFING, INC.
Ref. Number: P98000019336

We have received your document for W R I STAFFING, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Corporate Specialist

Letter Number: 702A00047668

RECEIVED
02 AUG 13 AM 11:07
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
FLORIDA in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: W R I STAFFING, INC.
2. The principal office address: 4200 Wackenhut Dr., #100, Palm Beach Gardens, FL 33410-4243
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/27/98 Document number: P98 0000 19336

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

F.E. Finizia
4200 Wackenhut Dr., #100
Palm Beach Gardens, FL. 33410-4243

6. The name and street address of the new registered agent (if changed) and /or registered office
changed):

The Wackenhut Corporation, Attn: Legal Dept.
4200 Wackenhut Dr., #100
(P.O. Box or personal mailbox NOT acceptable)
Palm Beach Gardens, FL. 33410-4243

The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Robert L. Kilbride
(Signature of an officer, chairman or vice chairman of the board)

Robert L. Kilbride
(Printed or typed name and title)
Vice President & Secretary

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*

Robert L. Kilbride
(Signature of Registered Agent)

7/26/02
(Date)

If signing on behalf of an entity:

Robert L. Kilbride
(Typed or Printed Name)

Authorized Representative
(Capacity)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA