FILED

(9/01

## 2002 Uniform Business Report (UBR)

## Apr 11, 2002 8:00 am Secretary of State DOCUMENT # S54431 1. Entity Name 04-11-2002 90103 003 \*\*\*158.75 TEAMSTAFF I, INC. Principal Place of Business Mailing Address 300 ATRIUM DR 300 ATRIUM DR. SOMERSET: NJ 08873 SOMERSET NJ 08873 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3067619 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT. CORPORATION Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD FORT LAUDERDALE FL 33324 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. SIGNÁTURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition ☐ Delete TITLE TITLE KELLY, DONALD T NAME NAME STREET ADDRESS 300 ATRIUM DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE SOMERSET NJ 08873 ☐ Addition ☐ Delete TITLE ☐ Change TITLE KAPPAUF, DONALD W NAME NAME STREET ADDRESS STREET ADDRESS 300 ATRIUM DR CITY-ST-ZIP CITY-ST-ZIP SOMERSET NJ 08873 ☐ Addition Delete Change TITLE TITLE NAME NAME Jankowski, Kenn STREET ADDRESS STREET ADDRESS 1901 ULMERTON RD STE 800 CITY-ST-ZIP CLEARWATER FL 33762 CITY-ST-ZIP corporate controller Addition TITLE ☐ Delete TITLE Change Gerard Romano 300 Atrium Drive NAME NAME STREET ADDRESS STREET ADDRESS Somerse+, N.J. 08873 CITY-ST-ZIP CITY-ST-ZIP □ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 13. Thereby 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 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered.