## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # S54431 04 AUG 10 PM 1:23 1. Entity Name TEAMSTAFF I, INC. SECRETARY OF STATE TALLAHASSEE. FLORIDA 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. 07282004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-3067619 Not Applicable Country Zip Country 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 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. 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. V.P. Finance (CFO Rick Filippelli Delete TITLE ☐ Change Addition TIT1 F KENEÁLY, EDMUND C NAME NAME 300 Atrium Drive STREET ADDRESS STREET ADDRESS 800 W. CUMMINGS PK, STE 800 CITY-ST-ZIP **WOBURN MA 01801** CITY-ST-ZIP Somersul, NJ 08873 President Addition TITLE D ☐ Delete TITLE ☐ Change T. Kent Suith 300 Atrum Drive SMITH, T. KENT NAME NAME STREET ADDRESS STREET ADDRESS 300 ATRIUM DR Somerset, NJ 08873 SOMERSET, NJ 08873 CITY-ST-ZIP CITY-ST-ZIP Controller Addition CC TITLE Delete TITLE ☐ Change chert Presuto ROMANO, GERARD NAME NAME 300 Atrium Drive STREET ADDRESS 300 ATRIUM DRIVE STREET ADDRESS Somerset NJ 06973 CITY-ST-ZIP SOMERSET, NJ 08873 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE LYNN.:WAYNE R NAME NAME 400040252984 08/17/04--01064--002 \*\*\*59 1901 ULMERTON ROAD, STE 800 STREET ADDRESS STREET ADDRESS \*\*550.00 CLEARWATER, FL 33762 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change \_\_\_ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED AND TYPED OR PRINTED OR PRINTED BY BURGETOR

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