
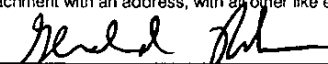


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90131 009 ***150.00

DOCUMENT # V29998 1. Entity Name MPS GROUP, INC.					
Principal Place of Business ONE INDEPENDENT DR JACKSONVILLE, FL 32202 US			Mailing Address 1 INDEPENDENT DR ATTN: GERALD ROBINSON JACKSONVILLE, FL 32202 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3116655	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUY GHUE, MICHAEL 1 INDEPENDENT DR JACKSONVILLE, FL 32202 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCLO HOLLAND, GREGORY ONE INDEPENDENT DR JACKSONVILLE, FL 32202 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAYNE, DAVIS T 1 INDEPENDENT DR JACKSONVILLE, FL 32202 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, JOHN R 1 INDEPENDENT DR JACKSONVILLE, FL 32202 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANOUS PETER J 1 INDEPENDENT DR JACKSONVILLE, FL 32202 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPT ROBINSON, GERALD ONE INDEPENDENT DR JACKSONVILLE, FL 32202 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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 address, with all other like empowered.					
SIGNATURE: 			4-21-05 904-360-2704		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

**MPS Group, Inc.
Officers and Directors**

ATTACHMENT 40066092
#V29998

Title	Name	Business Address
SVP/CFO/Treasurer	Robert Crouch	One Independent Drive Jacksonville, FL 32202
SVP/SecretaryCLO	Greg Holland	One Independent Drive Jacksonville, FL 32202
SVP of Corporate Finance	Tyra Tutor	One Independent Drive Jacksonville, FL 32202
SVP and CIO	Richard White	One Independent Drive Jacksonville, FL 32202
VP of Tax/Asst Sec	Gerald Robinson	One Independent Drive Jacksonville, FL 32202
Director	Timothy D. Payne	One Independent Drive Jacksonville, FL 32202
Director/Chairman	Derek Dewan	One Independent Drive Jacksonville, FL 32202
Director	Michael D. Abney	One Independent Drive Jacksonville, FL 32202
Director	T. Wayne Davis	One Independent Drive Jacksonville, FL 32202
Director	Arthur B. Laffer	One Independent Drive Jacksonville, FL 32202
Director	William Isaac	One Independent Drive Jacksonville, FL 32202
Director	Peter J. Tanous	One Independent Drive Jacksonville, FL 32202
Director	John R. Kennedy	One Independent Drive Jacksonville, FL 32202
Director	Darla D. Moore	One Independent Drive Jacksonville, FL 32202