

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000019687

**Entity Name:** FIRSTSOURCEHR, INC

**Current Principal Place of Business:**

350 E OGDEN AVE  
SUITE 300  
WESTMONT, IL 60559

**Current Mailing Address:**

350 E OGDEN AVE  
SUITE 300  
WESTMONT, IL 60559 US

**FEI Number:** 27-1030822

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
BROWARD COUNTY  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VS  
Name WILSON, ROBERT W  
Address 350 E. OGDEN AVE.  
City-State-Zip: WESTMONT IL 60559

Title V  
Name WILSON, SCOTT R  
Address 350 E. OGDEN AVE.  
City-State-Zip: WESTMONT IL 60559

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SCOTT R. WILSON

EVP

01/17/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date