

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M96000000022

Entity Name: MANPOWER FRANCHISES, LLC**Current Principal Place of Business:**100 MANPOWER PLACE
MILWAUKEE, WI 53212**Current Mailing Address:**100 MANPOWER PLACE
ATTN: BUSINESS LAW
MILWAUKEE, WI 53212**FEI Number:** 39-1837629**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

Authorized Person(s) Detail :

Title ASST. TREASURER

Name MEYER, PAUL

Address 100 MANPOWER PLACE

City-State-Zip: MILWAUKEE WI 53212

Title PRESIDENT, DIRECTOR

Name FRANKIEWICZ, REBECCA

Address 100 MANPOWER PLACE

City-State-Zip: MILWAUKEE WI 53212

Title MEMB

Name MANPOWERGROUP, INC.

Address 100 MANPOWER PLACE

City-State-Zip: MILWAUKEE WI 53212

Title SECRETARY, VP, DIRECTOR

Name TOTH, MARK

Address 100 MANPOWER PLACE

City-State-Zip: MILWAUKEE WI 53212

Title TREASURER, DIRECTOR

Name KOZIK, DARREN

Address 100 MANPOWER PLACE

City-State-Zip: MILWAUKEE WI 53212

Title VP

Name STULL, MICHAEL

Address 100 MANPOWER PLACE
ATTN: BUSINESS LAW

City-State-Zip: MILWAUKEE WI 53212

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREA BRIGGS**BUSINESS LICENSE
COORDINATOR****01/27/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date