

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000000375

**Entity Name:** MRI CONTRACT STAFFING, INC.

**Current Principal Place of Business:**

1735 MARKET STREET  
SUITE 200  
PHILADELPHIA, PA 19103

**Current Mailing Address:**

1735 MARKET STREET  
SUITE 200  
PHILADELPHIA, PA 19103 US

**FEI Number:** 34-1701401

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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            PRESIDENT  
Name            ALBRINCK, JILL M.  
Address        1717 ARCH STREET, 35TH  
                  FLOOR,1717 ARCH STREET  
                  35TH FLOOR  
City-State-Zip: PHILADELPHIA PA 19103

Title            DIRECTOR  
Name            ALBRINCK, JILL M.  
Address        1717 ARCH STREET, 35TH  
                  FLOOR,1717 ARCH STREET  
                  35TH FLOOR  
City-State-Zip: PHILADELPHIA PA 19103

Title            TREASURER  
Name            WALSH, THOMAS  
Address        1717 ARCH STREET, 35TH  
                  FLOOR,1717 ARCH STREET  
                  35TH FLOOR  
City-State-Zip: PHILADELPHIA PA 19103

Title            DIRECTOR  
Name            SHORT, BRIAN D.  
Address        1717 ARCH ST.  
                  35TH FLOOR  
City-State-Zip: PHILADELPHIA PA 19103

Title            SECRETARY  
Name            LEWIS, CRAIG H.  
Address        1717 ARCH ST.  
                  35TH FLOOR  
City-State-Zip: PHILADELPHIA PA 19103-2768

*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:** CRAIG H. LEWIS

**SECRETARY**

**04/12/2017**

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

\_\_\_\_\_  
Date