2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006896

Entity Name: STAFF PRO INC.

Current Principal Place of Business:

161 WASHINGTON STREET SUITE 600 CONSHOHOCKEN, PA 19428

Current Mailing Address:

161 WASHINGTON STREET SUITE 600 CONSHOHOCKEN, PA 19428 US

FEI Number: 33-0244267

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US FILED May 30, 2020 Secretary of State 8616589792CC

Certificate of Status Desired: No

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

Officer/Director Detail :

| Title | VP | Title | SECRETARY |
|-----------------|------------------------------------|---------------------|----------------------------------|
| Name | LUTZ, L. J. PAUL | Name | LUTZ, L. J. PAUL |
| Address | 200 MANSELL COURT, SUITE 500 | Address | 200 MANSELL COURT, SUITE 500 |
| City-State-Zip: | ROSWELL GA 30076 | City-State-Zip: | ROSWELL GA 30076 |
| Title | TREASURER/CFO | Title | VP |
| Name | SMITH, KEVIN S. | Name | MALONE, PAULA |
| Address | 1551 N. TUSTIN AVE., SUITE 650 | Address | 1551 N. TUSTIN AVE., SUITE 650 |
| City-State-Zip: | SANTA ANA CA 92705 | City-State-Zip: | SANTA ANA CA 92705 |
| Title | DIRECTOR | Title | DIRECTOR |
| Name | BUCKMAN, DAVID I. | Name | JONES, STEVEN S. |
| Address | 161 WASHINGTON STREET | Address | 1551 N. TUSTIN AVENUE, SUITE 650 |
| City-State-Zip: | SUITE 600 CONSHOHOCKEN PA 19428 | City-State-Zip: | SANTA ANA CA 92705 |
| | | Title | PRESIDENT |
| Title | DIRECTOR | Name | JONES, STEVEN S. |
| Name | TORZOLINI, WILLIAM A. | Address | 1551 N. TUSTIN AVENUE, SUITE 650 |
| Address | 161 WASHINGTON STREET SUITE 600 | City-State-Zip: | SANTA ANA CA 92705 |
| City-State-Zip: | CONSHOHOCKEN PA 19428 | Continues on page 2 | |

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: STEVEN S. JONES

PRESIDENT

05/30/2020

Date

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail Continued :

| Title | CEO |
|-----------------|----------------------------------|
| Name | JONES, STEVEN S. |
| Address | 1551 N. TUSTIN AVENUE, SUITE 650 |
| City-State-Zip: | SANTA ANA CA 92705 |