

2022 FOREIGN PROFIT CORPORATION AMENDED 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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 SECRETARY
Name BUCKMAN, DAVID I.
Address 161 WASHINGTON STREET
SUITE 600
City-State-Zip: CONSHOHOCKEN PA 19428

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

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

Title DIRECTOR
Name BUCKMAN, DAVID I.
Address 161 WASHINGTON STREET
SUITE 600
City-State-Zip: CONSHOHOCKEN PA 19428

Title DIRECTOR
Name BRANDT, TIMOTHY E.
Address 1551 N. TUSTIN AVE.
SUITE 650
City-State-Zip: SANTA ANA CA 92705

Title CHIEF FINANCIAL OFFICER AND
TREASURER
Name BRANDT, TIMOTHY E.
Address 1551 N. TUSTIN AVE.
SUITE 650
City-State-Zip: SANTA ANA CA 92705

Title MANAGER
Name MEREDITH, CORDELL
Address 1551 N. TUSTIN AVE.
SUITE 650
City-State-Zip: SANTA ANA CA 92705

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: DAVID I BUCKMAN

SECRETARY

07/22/2022

Electronic Signature of Signing Officer/Director Detail

_____ Date