

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000006896

**Entity Name:** STAFF PRO INC.

**Current Principal Place of Business:**

450 EXCHANGE  
IRVINE, CA 92602

**FILED**  
**Apr 29, 2024**  
**Secretary of State**  
**0939565405CC**

**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, DIRECTOR

Name BUCKMAN, DAVID I.

Address 161 WASHINGTON STREET  
SUITE 600

City-State-Zip: CONSHOHOCKEN PA 19428

Title PRESIDENT, DIRECTOR, CEO

Name JONES, STEVEN S.

Address 450 EXCHANGE

City-State-Zip: IRVINE CA 92602

Title TREASURER, DIRECTOR, CFO

Name BRANDT, TIMOTHY E.

Address 450 EXCHANGE

City-State-Zip: IRVINE CA 92602

*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**

**04/29/2024**

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

\_\_\_\_\_  
Date