

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90022 035 ***150.00

0442835

DOCUMENT # F97000000669

1. Entity Name
OLSTEN HEALTH SERVICES (QUANTUM) CORP.

Principal Place of Business Mailing Address
175 BROAD HOLLOW RD 175 BROAD HOLLOW RD
MELVILLE NY 11747 MELVILLE NY 11747

2. Principal Place of Business 3. Mailing Address
3 Huntington Quadrangle 3 Huntington Quadrangle
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2 So. 2 So.

City & State City & State
Melville, NY Melville, NY
 Zip Country Zip Country
11747 USA 11747 USA

4. FEI Number **11-3358535** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32802

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOELSEN, THOMAS M 68 PRINCETON ST GARDEN CITY NY 11530	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BOELSEN, THOMAS M 68 PRINCETON ST GARDEN CITY NY 11530	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FUSCO, ROBERT A 15 CRANE RD LLOYD HARBOR NY 11743	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COSTANTINI, WILLIAM P 64 BOUTON RD S SALEM NY 10590	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LADEROUTE, LAURIN L JR 38 KENSINGTON RD GARDEN CITY NY 11530	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BECK, SANDRA 12900 FOSTER OVERLAND PARK KS 66213	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Edward A. Blechschmidt 3 Huntington Quadrangle, 2 So. Melville, NY 11747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, CFO, D John J. Collura same as above	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E.V.P. Ronald A. Malone same as above	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, Gen Counsel Patricia C. Ma same as above	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Treas. John Potapchuk same as above	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secy Ruth Schwartz same as above	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John J. Collura **John J. Collura, Treas CFO. 4/14/01 631-501-7000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

