


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 02, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000002514

1. Corporation Name
PARALIGN STAFFING TECHNOLOGIES, INC.

Principal Place of Business 4350 E. CAMELBACK RD., #100E PHOENIX AZ 85018	Mailing Address 4350 E. CAMELBACK RD., #100E PHOENIX AZ 85018
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	1016 W. North Ave	05/04/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	Att: Legal Dept	86-0668568	Applied For
City & State		City & State		Not Applicable	
23		28	King of Prussia PA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29	19406	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country			

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DP	
NAME	HULBER, LOREN J	
STREET ADDRESS	2621 VANBUREN AVE.	
CITY-ST-ZIP	NORRISTOWN PA 19403	
TITLE	DV	
NAME	KERR, AVEN A	
STREET ADDRESS	2621 VANBUREN AVE.	
CITY-ST-ZIP	NORRISTOWN PA 19403	
TITLE	DTV	
NAME	SCHUBERT, THOMAS D	
STREET ADDRESS	2621 VANBUREN AVE.	
CITY-ST-ZIP	NORRISTOWN PA 19403	
TITLE	VSV	<input checked="" type="checkbox"/> DELETE
NAME	MARTINO, MARIE L	
STREET ADDRESS	2621 VANBUREN AVE.	
CITY-ST-ZIP	NORRISTOWN PA 19403	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BYRD, BERNARD C	
STREET ADDRESS	2621 VANBUREN AVE.	
CITY-ST-ZIP	NORRISTOWN PA 19403	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARRIS, CHRISTINA D	
STREET ADDRESS	2621 VANBUREN AVE.	
CITY-ST-ZIP	NORRISTOWN PA 19403	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	Binstein, Richard		
4.3 STREET ADDRESS	3621 Van Buren Ave		
4.4 CITY-ST-ZIP	NORRISTOWN PA 19403		
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Loren J Hulber Richard S Binstein 11/4/99 610/992-7200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)