

File Date

FOR SECRETARY OF STATE USE ONLY

A. Raiph Mollis, Secretary of Star Corporations Divisio 148 W. River Strer Providence, RI 02904-261 401,222,304

. Corporate ID No. 104454		2. Name of Corporation ASI Staffing, Inc.				
Street Address Principal Business Office 175 Broad Hollow Road			Cuy Melville	State NY	^{Zip} 11747	
Business Phone No. 5. State of Incorporation 631 844 7800 5. State of Incorporation DE			on			
Temporary Staffing o	uracter of Business Conducted f Medical and Science	tific personel				
NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR AT President Name Theron I. "Tig" Gilliam			TTACHMENT)			
Street Address 175 Broad Hollow Road			Street Address 175 Broad Hollow Road			
city Melville	State NY	<i>Ζψ</i> 11747	City Melville	State NY	<i>Ζφ</i> 11747	
Secretary Name George M. Reardon			Treasurer Name Lorelei DePalo			
treet Address 175 Borad Hollow Road			Street Address 175 Broad Hollow Road			
^{⊝(t)} Melville	State NY	<i>Ζίρ</i> 11747	City Melville	State NY	11747	
8. NAMES AND ADDR Oirector Name Theron I. "Tig" Gilli		TORS: ("X" BOX FOR	Director Name Stephen nolan	N SPACES BEFORE USING	y ATTAGIMENTS	
Street Address 175 Broad Hollow Road			Street Address 175 Broad hollow Road			
Sity Melville	State NY	<i>Zip</i> 11747	City Melville	State NY	^{Zip} 11747	
Director Name Dominik de D aniel	 		Director Name	_		
Street Address Sagereistrass 10 CH- 8152			Street Address			
Sagereistrass To C	State Switzerland	Zip	Спу	State	Zip	
SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1000	Common	0.10	1000	Common	0.10	
This report must be exthis report must be ex	ecuted on behalf of the	e corporation by an auth corporation by the rece	orized representative. If the iver or trustee.	e corporation is in the hand	s of a receiver or trustee,	
			including any ac	f perjury, I declare and affirm ecompanying schedules and state the and correct.	that I have examined this repatements, and that all statements	

Signature

Dave

Dave

Dave

Dave

Print or Type Name

Vice President- Taxes

Title

Form 630 Rev. 12/06