



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 509452		2. Exact name of the Corporation Insight Global, Inc.			
3. Principal office address 4170 Ashford Dunwoody Road Suite 250			City Atlanta	State GA	Zip 30319
4. Business Phone No. 404-257-7900			5. State of Incorporation Delaware		
6. Brief description of the character of business conducted in Rhode Island Staffing Services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Chris Hubbard			Vice-President Name		
Street Address 4170 Ashford Dunwoody Road Suite 250			Street Address		
City Atlanta	State GA	Zip 30319	City	State	Zip
Secretary Name			Treasurer Name Mike Lewis		
Street Address			Street Address 4170 Ashford Dunwoody Road Suite 580		
City	State	Zip	City Atlanta	State GA	Zip 30319
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Ira Kleinman			Director Name Jay Wilkins		
Street Address 280 Park Avenue 25th Floor			Street Address 280 Park Avenue 25th Floor		
City New York	State NY	Zip 10017	City New York	State NY	Zip 10017
Director Name Walt McCauley			Director Name Bob Hensley		
Street Address 280 Park Avenue 25th Floor			Street Address 280 Park Avenue 25th Floor		
City New York	State NY	Zip 10017	City New York	State NY	Zip 10017
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000		.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
 Check No _____
 By _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 28 2012

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

By *mmc*
CH # 19543

Signature of Authorized Representative

2/20/12
 Date

Mike Lewis
 Print or Type Name of Authorized Representative