



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

2014

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 000093565		2. Exact name of the Corporation COMSYS Information Technology Services Inc.			
3. Principal office address 100 Manpower Place			City Milwaukee	State WI	Zip 53212
4. Business Phone No. 414-961-1000		5. State of Incorporation Delaware			
6. Brief description of the character of business conducted in Rhode Island Temporary help services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jonas Prising			Vice-President Name Mark Toth		
Street Address 100 Manpower Place			Street Address 100 Manpower Place		
City Milwaukee	State WI	Zip 53212	City Milwaukee	State WI	Zip 53212
Secretary Name Mark Toth			Treasurer Name LyAnn Schultz		
Street Address 100 Manpower Place			Street Address 100 Manpower Place		
City Milwaukee	State WI	Zip 53212	City Milwaukee	State WI	Zip 53212
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Jonas Prising			Director Name Mark Toth		
Street Address 100 Manpower Place			Street Address 100 Manpower Place		
City Milwaukee	State WI	Zip 53212	City Milwaukee	State WI	Zip 53212
Director Name LyAnn Schultz			Director Name		
Street Address 100 Manpower Place			Street Address		
City Milwaukee	State WI	Zip 53212	City	State	Zip
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
			5,000,000	CWP	\$.01

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 SECRETARY OF STATE
 CORPORATIONS DIV

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: _____

FILED
 MAR 09 2015

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.

[Signature] 3/2/15
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY BY *[Signature]*
 Suzanne Burow, Business Law Paralegal
 Print or Type Name of Authorized Representative

Form No. 630
 Revised: 01/2012

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