



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 119028		2. Exact name of the limited liability company CoWorx Personnel LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island EMPLOYMENT AGENCY	
5. Principal office address 1375 Plainfield Ave		City WATCHUNG	State NJ
		Zip 07069	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name HELEN WLOD ARCZYK		Contact Title TAX ADMINISTRATOR	
Street Address SAME		City	State
		Zip	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name MICHAEL EPSTEIN-CEO		Manager Name	
Street Address 1375 Plainfield Ave		Street Address	
City WATCHUNG	State NJ	City	State
Zip 07069		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CORPORATION SERVICE COMPANY		Address	
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02886

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



119028

File Date	9/24/05
Check No.	082043
By:	CW
FOR SECRETARY OF STATE USE ONLY	

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.

Michael Epstein **9/21/05**
Signature of Authorized Person Date
MICHAEL EPSTEIN-CEO
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401 222 3940

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 119028		2. Exact name of the limited liability company POMERANTZ PERSONNEL LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island EMPLOYMENT AGENCY	
5. Principal office address 1375 Plainfield Ave		City WATCHUNG	State NJ
		Zip 07069	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name LAURA ACKERMAN		Contact Title Tax ADMINISTRATOR	
Street Address 1375 Plainfield Ave		City WATCHUNG	State NJ
		Zip 07069	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Michael EPSTEIN - CEO		Manager Name	
Street Address 1375 Plainfield Ave		Street Address	
City WATCHUNG	State NJ	City	State
Zip 07069		City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CORPORATION SERVICE COMPANY		Address	
Address 222 JEFFERSON BOULEVARD, SUITE 200		City WARWICK	Zip 02888

FILED

NOV 08 2004

By KMC
MSTW 24

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 1 9 0 2 8 *

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.

Michael Epstein 9/20/04
Signature of Authorized Person Date

Michael EPSTEIN
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By _____

FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903 1335
401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No 119028		2 Exact name of the limited liability company POMERANTZ PERSONNEL LLC	
3 State of Formation DELAWARE		4 Brief description of the character of the business which is actually conducted in Rhode Island EMPLOYMENT AGENCY	
5 Principal office address 1375 Plainfield Ave		City Watchung	State NJ
		Zip 07069	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Michael Epstein		Contact Title CFO	
Street Address SAME		City	State
		Zip	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name GARY POMERANTZ		Manager Name Michael Epstein	
Street Address 1375 Plainfield Ave		Street Address 1375 Plainfield Ave	
City Watchung	State NJ	City Watchung	State NJ
Zip 07069		Zip 07069	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CORPORATION SERVICE COMPANY		Address	
Address 170 WESTMINSTER STREET, SUITE 900		City PROVIDENCE	Zip 02903-

71200-04

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 1 9 0 2 8 *

File Date	10-15-03
Check No.	5415-3
By	2
FOR SECRETARY OF STATE USE ONLY	

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 of Authorized Person Date
Michael Epstein
Print or Type Name of Authorized Person



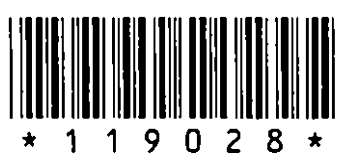
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 119028		2. Exact name of the limited liability company POMERANTZ PERSONNEL LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Employment Agency	
5. Principal office address 1375 Plainfields Ave		City WATCHUNG	State NJ
		Zip 07069	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MICHAEL EPSTEIN		Contact Title CFO	
Street Address 1375 Plainfields Ave		City WATCHUNG	State NJ
		Zip 07069	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS. ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name GARY POMERANTZ - CEO		Manager Name MICHAEL EPSTEIN - CFO	
Street Address 1375 Plainfields Ave		Street Address 1375 Plainfields Ave	
City WATCHUNG	State NJ	City WATCHUNG	State NJ
Zip 07069		Zip 07069	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CORPORATION SERVICE COMPANY		Address	
Address 170 WESTMINSTER STREET, SUITE 900		City PROVIDENCE	Zip 02903-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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.

File Date 9-13-02
Check No. 038872
By: KMC
FOR SECRETARY OF STATE USE ONLY

[Signature] 9/5/02
Signature of Authorized Person Date
MICHAEL EPSTEIN
Print or Type Name of Authorized Person