



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 111532		2. Name of Corporation CareerStaff Services Corporation			
3. Street Address Principal Business Office 101 Sun Ave. NE		City Albuquerque		State NM	Zip 87109
4. Business Phone No. (505) 821-3355		5. State of Incorporation Colorado			6. SIC Code 9886
7. Brief Description of the Character of Business Conducted in Rhode Island Engage in activities related to health care					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Rick Peranton			Vice President Name Steven A. Roseman		
Street Address 8615 Freeport Parkway Suite #225			Street Address 101 Sun Ave. NE		
City Irving	State TX	Zip 75063	City Albuquerque	State NM	Zip 87109
Secretary Name Michael T. Berg			Treasurer Name D. Craig Hayes		
Street Address 101 Sun Ave. NE			Street Address 101 Sun Ave. NE		
City Albuquerque	State NM	Zip 87109	City Albuquerque	State NM	Zip 87109
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Rick Peranton			Director Name		
Street Address 8615 Freeport Parkway Suite #225			Street Address		
City Irving	State TX	Zip 75063	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000,000 Common No Par Value			10,000	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 1 1 5 3 2

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 Officer Michael T. Berg Date 2/1/05
Michael T. Berg
Print or Type Name of Officer
Secretary
Title of Officer

File Date **FILED**
Check No. FEB 22 2005
By: KB
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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 111532		2. Name of Corporation CareerStaff Services Corporation		
3. Street Address Principal Business Office 101 Sun Ave NE		City Albuquerque	State NM	Zip 87109
4. Business Phone No. (505) 821-3355	5. State of Incorporation COLORADO			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN ACTIVITIES RELATED TO HEALTH CARE.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Gay Kelley		Vice President Name Steven A. Roseman		
Street Address 8615 Freeport Pkwy #225		Street Address 101 Sun Ave NE		
City Irving	State TX	Zip 75063	City Albuquerque	State NM
Secretary Name Michael T. Berg		Treasurer Name Jennifer Botler		
Street Address 101 Sun Ave NE		Street Address 101 Sun Ave NE		
City Albuquerque	State NM	Zip 87109	City Albuquerque	State NM
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Gay Kelley		Director Name Kevin W. Pendergast		
Street Address 8615 Freeport Pkwy #225		Street Address 101 Sun Ave NE		
City Irving	State TX	Zip 75063	City Albuquerque	State NM
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000,000 COMM NO PAR VALUE			10,000	Common
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 1 5 3 2 *

File Date 3-1-04
Check No. 6019547
By: [Signature]

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 Officer

Michael T. Berg

Title of Officer

Date

Form 630 Rev. 12/03



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **111532** 2. Name of Corporation **CareerStaff Services Corporation**

3. Street Address Principal Business Office

101 Sun Ave NE

4. Business Phone No.

(505) 821-3355

5. State of Incorporation

COLORADO

7. Brief Description of the Character of Business Conducted in Rhode Island

temporary Staffing Services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Warren C. Schelling

Street Address

101 Sun Ave NE

City

Albuquerque NM

Zip

87109

Secretary Name

Michael T. Berg

Street Address

101 Sun Ave NE

City

Albuquerque NM

Zip

87109

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Warren C. Schelling

Street Address

101 Sun Ave NE

City

Albuquerque NM

Zip

87109

Director Name

Warren C. Schelling

Street Address

101 Sun Ave NE

City

Albuquerque NM

Zip

87109

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000,000 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

10,000

Common

0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 1 5 3 2 *

File Date: **4-26-02**

Check No.: **5595614**

By: **[Signature]**

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 Officer **[Signature]** Date **2/14/02**

Print or Type Name of Officer **Michael T. Berg**

Title of Officer **Secretary**



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AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 111532 2. Name of Corporation CareerStaff Services Corporation

3. Street Address Principal Business Office 101 Sun Ave NE City Albuquerque State NM Zip 87109
4. Business Phone No. 505-821-3355 5. State of Incorporation COLORADO 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island Temporary Staffing Service

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Randy Jones</u> Street Address <u>101 Sun Ave NE</u> City <u>Albuquerque</u> State <u>NM</u> Zip <u>87109</u>	Vice President Name <u>Robert D. Woltz</u> Street Address <u>101 Sun Ave NE</u> City <u>Albuquerque</u> State <u>NM</u> Zip <u>87109</u>
Secretary Name <u>Michael T. Berg</u> Street Address <u>101 Sun Ave NE</u> City <u>Albuquerque</u> State <u>NM</u> Zip <u>87109</u>	Treasurer Name <u>Matthew G. Patrick</u> Street Address <u>101 Sun Ave NE</u> City <u>Albuquerque</u> State <u>NM</u> Zip <u>87109</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>Mark G. Wimer</u> Street Address <u>101 Sun Ave NE</u> City <u>Albuquerque</u> State <u>NM</u> Zip <u>87109</u>	Director Name <u>Robert D. Woltz</u> Street Address <u>101 Sun Ave NE</u> City <u>Albuquerque</u> State <u>NM</u> Zip <u>87109</u>
Director Name <u>None</u> Street Address City State Zip	Director Name <u>None</u> Street Address City State Zip

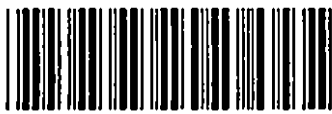
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000,000 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
10,000 Common 0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



* 1 1 1 5 3 2 *

File Date: 2/22
Check No.: 5207873
By: [Signature]

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 Officer Michael T. Berg Date 1-16-01
Print or Type Name of Officer Michael T. Berg
Title of Officer Secretary