

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) 2. Name of Corporation 1. Corporate ID No. CareerStaff Services Corporation 111532 3. Street Address Principal Business Office City State Zip 101 Sun Ave. NE Albuquerque NM 87109 4. Business Phone No. 5. State of Incorporation 6. SIC Code (505) 821-3355 Colorado 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) I FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Rick Peranton .Steven A. Roseman Street Address Street Address 8615 Freeport Parkway Suite #225 · 101 Sun Ave. NE Zip City State State 87109 Albuquerque NM Irving TX 75063 Secretary Name Tréasurer Name Michael T. Berg D. Craig Hayes Street Address Street Address 101 Sun Ave. NE .101 Sun Ave. NE City State ·City State Zip Zip NM 87109 . Albuquerque Albuquerque NM 87109 9. NAMES AND ADDRESSES OF THE DIRECTORS C'X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Rick Peranton Street Address Street Address 8615 Freeport Parkway Suite #225 State City Zip State Zip $\cdot C_{i}rv$ ТX 75063 Irving Director Name Director Name Street Address ·Street Address Stole .Ciry City Ziρ Zip State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) IL SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Number of Shares Class/Series Par Value Class/Series Par Value Common No Par Value 1,000,000 Common No Par Value 10,000

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

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File Date FILED	
Check No. FEB 2 2 2005	6121190
By: By	-
FOR SECRETARY OF STATE USE	NLY

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. Berd Print or Type Name of Officer

Secretary Title of Officer

Form 630 12/01



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
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Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Cortiorate ID No. 2 Name of Corporation 111532 CareerStaff Services Corporation 3. Street Address Principal Business Office 5. State of Incorporation 4. Business Phone No **COLORADO** TO ENGAGE IN ACTIVITIES RELATED TO HEALTH CARE. FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Nam Street Address Street Address Secretary Name Street Address Street Address NAMES AND ADDRESSES OF THE DIRECTORS: Director Name Director Name Street Address Street Address Street Address Street Address State Ζip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Par Value Number of Shares Class/Series Par Value Number of Shares Class/Series 1,000,000 COMM NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee 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 hereist argitrue and correct. File Date Signature of Officer Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY Form 630 Rev. 12/03

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

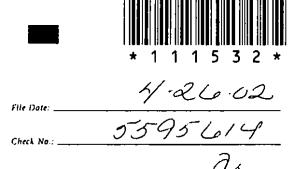
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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Filing Period: January	1-March 1 • Fi	ling Fee: \$50.00			INSTRUCTI
(FORM MUST BE TYPED IN BLAC					
1. Corporate ID No.	2. Name of Corporation	vices Corneration			
111532 3. Street Address Principal Business C		vices Corporation	City	State	Zip
	4 NF.		Albuqueeque	NM	87109
1 IUL DUN 1 1. Business Phone No.	Ave NE	5. State of Incorporation	Monquerque	14146	6. SIC Code
(505) 821-		COLORADO			
7. Brief Description of the Character (of Business Conducted in Rh	ode Island			
		tempo	Rapy Staffi	ng Jervices	\$
8. NAMES AND ADDRESS	ES OF THE OFFICE	RS (*x* box for attach	MENT) FILL IN SPACES BI	EFORE USING ATTACHM	IENTS
President Name	C	_	Vice President Name		_
Sueel Address C				Schneider	
Inl <	AL NE	. <u> </u>	IAI Sun	Ave NE	
City,	State	Zip	City	State	ZIp
City Albuquerque Secretary Name	NM	87109	City Albuquerquerquerquerquerquerquerquerquerque	e NM	5.7109
Secretary Name		• •			
Michael T.	Berg		Kobert	K. Schnen	der
			Street Address	1 11 1	<u>.</u>
lol Sun	MVe IVL	Zip	city 101 Jus	n Ave NE e NM	 Zip
Albuniegane	NM	87104	Albuquergy	e NIM	87109
Albuguerque B. NAMES AND ADDRESS	ES OF THE DIRECT	ORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES		HMENTS
Director Name			Director Name		
Street Address	Schelli	19	Kayma	and Bowe	R
		J	City Albuquery Director Name	11 16	
cin Albuquerque	re NI	Zip	(II) Du	n Myz NC	710
Albunier aue	- KIM	8.7109.	Albunierou	- NIM	80179
Director Name	- 101M	0.7101.	Director Name	. 1 0 / / L	01101
Street Address			Street Address		
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City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTACH	IMENT)	11. SHARES ISSUED (*x	* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ESSUTED SHARES	•••••	
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			10,000	Conmon	\mathscr{P}
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare ar	nd affirm that I have examined
this report, including any accompany	ing schedules and statements, and
that all statements contained herein.	are true and correct.
Man Bez	2) H/02
Signature of Officer	Dati
Michael T. Reec	Ja
Print or Type Name of Officer	J
Secaptory	_

Ferm 630 12/01

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

2001 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 532 Services Corporation 3. Street Address Principal Business Offic OFFICERS ("X" BOX FOR ATTACHMENT) OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Zip City City State Zip State 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Class/Serles Number of Shares Class/Series Par Value Number of Shares Par Value 1,000,000 COMM NO PAR VALUE 10,000

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

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File Date:	1/22	
Check No.:	5207873	
Ry:	2u	
FOR SECRETARY OF STATE USE ONLY		

Under penalty of perjury, I declare and a	ffirm that I have examined
this report, including any accompanying	schedules and statements, and
that all statements contained herein are	true and correct.
Will Deg	1.16.01
Signature of Officer	Date
Michael T. Berg	
Filit or Type Name of Officer	
Secretary	
Title of Officer	- 414 14 14
/	Form 630 12/00