

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACCORD HUMAN RESOURCES OF NEW YORK III, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KAYLA LAWSON YANDA, ESQUIRE

(Name of Person)

ACCORD HUMAN RESOURCES, INC.

(Firm/Company)

210 PARK AVE., SUITE 1200

(Address)

OKLAHOMA CITY, OK 73102

(City/State and Zip code)

For further information concerning this matter, please call:

KAYLA L. YANDA at (405) 606-6272
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

RECEIVED
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL
 MAY 19 1993

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. ACCORD HUMAN RESOURCES OF NEW YORK III, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 11-3644465
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/3/2002 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. ONE LE PAGE PLACE, SUITE 202, SYRACUSE, NY, 13206
(Principal office address)
210 PARK AVE., SUITE 1200, OKLAHOMA CITY, OK 73102
(Current mailing address)

8. EMPLOYEE LEASING AND GENERAL BUSINESS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)


Name: CT CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, Florida 33324
(City) (Zip code)

STATE OF FLORIDA
DEPARTMENT OF STATE
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA
JUL 19 10 51 AM '02

10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature) John J. Linnihan
Asst. VP

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS *SEE ATTACHED*

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS *SEE ATTACHED*

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Kayla Lawson Yanda

(Signature of Director or Officer listed in number 12 of the application)

14. KAYLA LAWSON YANDA ASSISTANT SECRETARY/COMPLIANCE ATTORNEY

(Typed or printed name and capacity of person signing application)

07-01-19 PM 5:28
RECEIVED
AT 11:00 AM
FILE

**ACCORD HUMAN RESOURCES OF NEW YORK III, INC.
ONE LE PAGE PLACE, SUITE 202
SYRACUSE, NEW YORK 13206**

OFFICERS AND DIRECTORS

OFFICERS **TITLE**

Business Addresses:

Dale L. Hageman Chairman and Chief Executive Officer
210 Park Avenue, Suite 1200 Director
Oklahoma City, Oklahoma 73102

John L. Jones President, Secretary/Treasurer
410 Ware Blvd., Suite 716 Director
Tampa, Florida 33619

Peter J. Civello Vice-President
One LePage Place, Suite 202 Director
Syracuse, New York 13206

Kayla Yanda Assistant Secretary
210 Park Avenue, Suite 1200
Oklahoma City, Oklahoma 73102

04 APR 19 04 PM 5:03
RECEIVED
FBI ALABAMA

**State of New York } ss:
Department of State**

I hereby certify, that the Certificate of Incorporation of ACCORD HUMAN RESOURCES OF NEW YORK III, INC. was filed on 07/03/2002, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 12th day of April
two thousand and four.*



Secretary of State

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