

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000045

FILED
Mar 25, 2009
Secretary of State

Entity Name: ACCORD PERSONNEL SERVICES, INC.

Current Principal Place of Business:

410 WARE BLVD
SUITE 716
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

210 PARK AVE
SUITE 1200
OKLAHOMA CITY, OK 73102

New Mailing Address:

FEI Number: 20-2075051 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, JOHN L
410 WARE BLVD
SUITE 716
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: JONES, JOHN L
Address: 410 WARE BLVD SUITE 716
City-St-Zip: TAMPA, FL 33619

Title: DCEO () Delete
Name: HAGEMAN, DALE L
Address: 210 PARK AVENUE, SUITE 1200
City-St-Zip: OKLAHOMA CITY, OK 73102

Title: D () Delete
Name: CIVELLO, PETER J
Address: ONE LEPAGE PLACE, SUITE 202
City-St-Zip: SYRACUSE, NY 13206

Title: S () Delete
Name: YANDA, KAYLA
Address: 210 PARK AVENUE, SUITE 1200
City-St-Zip: OKLAHOMA CITY, OK 73102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAYLA YANDA

SECR

03/25/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date