

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214532850

1.) CORPORATION NAME:

Westaff (USA), Inc.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATE CREATIONS NETWORK INC
4445 CORPORATION LN 2ND FL
VIRGINIA BEACH, VA**

SCC ID NO: **F0511768**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3820 STATE ST
TAX & LICENSE

CITY/ST/ZIP: SANTA BARBARA, CA 93105

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PAUL SORENSEN	
TITLE:	PRESIDENT	
ADDRESS:	3820 STATE ST	
CITY/ST/ZIP/CO:	SANTA BARBARA, CA 93105	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RICHARD HULME	
TITLE:	VICE PRESIDENT	
ADDRESS:	3820 STATE ST	
CITY/ST/ZIP/CO:	SANTA BARBARA, CA 93105	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ROBERT OLSON	
TITLE:	CFO	
ADDRESS:	3820 STATE ST	
CITY/ST/ZIP/CO:	SANTA BARBARA, CA 93101	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID S SORENSEN	
TITLE:	DIRECTOR	
ADDRESS:	3820 STATE ST	
CITY/ST/ZIP/CO:	SANTA BARBARA, CA 93105	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ALBERT AGUIRRE	
TITLE:	DIRECTOR	
ADDRESS:	3820 STATE STREET	
CITY/ST/ZIP/CO:	SANTA BARBARA, CA 93105	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEPHEN GIUSTO	
TITLE:	DIRECTOR	
ADDRESS:	3820 STATE STREET	
CITY/ST/ZIP/CO:	SANTA BARBARA, VA 93105	

NAME: GREGORY NETLAND TITLE: DIRECTOR ADDRESS: 3820 STATE STREET CITY/ST/ZIP/CO: SANTA BARBARA, CA 93105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: GARY DiCAMILLO TITLE: DIRECTOR ADDRESS: 3820 STATE ST. CITY/ST/ZIP/CO: SANTA BARBARA, CA 93105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ PAUL SORENSEN	PAUL SORENSEN, PRESIDENT	6/25/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.