

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215523589

1.) CORPORATION NAME:

SOS Staffing Services, Inc.

DUE DATE: **6/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1758517**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

UT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4111 Central Avenue
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CITY/ST/ZIP: Columbus, IN 47203

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.

NAME:	JOHN A ELWOOD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4111 CENTRAL AVENUE		
CITY/ST/ZIP/CO:	COLUMBUS, IN 47203		

NAME:	MICHAEL D ELWOOD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4111 CENTRAL AVENUE		
CITY/ST/ZIP/CO:	COLUMBUS, IN 47203		

NAME:	JOHN K. MORRISON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP - LEGAL		
ADDRESS:	2650 DECKER LAKE BLVD SUITE 400		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84119		

NAME:	MARK S ELWOOD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/S		
ADDRESS:	4111 CENTRAL AVENUE		
CITY/ST/ZIP/CO:	COLUMBUS, IN 47203		

NAME:	STEVEN J. HUNNICUTT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4111 CENTRAL AVENUE		
CITY/ST/ZIP/CO:	COLUMBUS, IN, 47203, URUGUAY , , FN		

NAME: DAVID L ELWOOD TITLE: CHRMN OF BOARD ADDRESS: 4111 CENTRAL AVENUE CITY/ST/ZIP/CO: COLUMBUS, IN 47203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ELLA ELWOOD TITLE: DIRECTOR ADDRESS: 4111 CENTRAL AVENUE CITY/ST/ZIP/CO: COLUMBUS, IN 47203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: J. MICHAEL STOCKARD TITLE: DIRECTOR ADDRESS: 4111 CENTRAL AVENUE CITY/ST/ZIP/CO: COLUMBUS, IN 47203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	_____ PRINTED NAME AND CORPORATE TITLE	6/20/2015 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.		