

1.) CORPORATION NAME:

TS STAFFING SERVICES, INC.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1882010**

GLEN ALLEN, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 160 BROADWAY
13TH FLOOR

CITY/ST/ZIP: NEW YORK, NY 10038

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 P. MESSINA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	160 BROADWAY 13TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		

NAME:	JOE CASSERA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	160 BROADWAY 13TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		

NAME:	MIKE GOLDE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	160 BROADWAY 13TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		

NAME:	MIKE GOLDE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	160 BROADWAY 13TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		

NAME:	JOHN P. MESSINA, SR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	160 BROADWAY 13TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		

NAME: GINA L RUSSO TITLE: ASST SECRETARY ADDRESS: 160 BROADWAY 13TH FLOOR CITY/ST/ZIP/CO: NEW YORK, VA 10038	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: YOLANDA TRIPPIEDI TITLE: SECRETARY ADDRESS: 160 BROADWAY 13TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOHN P MESSINA TITLE: DIRECTOR ADDRESS: 160 BROADWAY 13TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10038	<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/ JOHN P. MESSINA	JOHN P. MESSINA, PRESIDENT	10/7/2013
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.		