

1.) CORPORATION NAME: <b>CTS STAFFING SERVICES, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX RD STE 301          GLEN ALLEN, VA 23060-6802</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>	DUE DATE: <b>1/31/2013</b> SCC ID NO: <b>F1885369</b> 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 999 STEWART AVE SUITE 100  CITY/ST/ZIP: BETHPAGE, NY 11714
---

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: ANDREW SCHULTZ TITLE: PRES & CEO ADDRESS: 301 YAMATO ROAD SUITE 3199 CITY/ST/ZIP/CO: BOCA RATON, FL 33431	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	---	--

NAME: THERESA GOLIO TITLE: SR. VP ADDRESS: 999 STEWART AVE. SUITE 100 CITY/ST/ZIP/CO: BETHPAGE, NY 11714	<input type="checkbox"/> OFFICER	<input 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/ ANDREW SCHULTZ	ANDREW SCHULTZ, PRES & CEO	12/7/2012
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.