

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


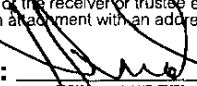
**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90005 001 \*\*\*550.00

**54060000**



06302004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F98000000849</b>					
1. Entity Name <b>ADECCO USA, INC.</b>					
Principal Place of Business <b>175 BREAD HOLLOW ROAD MELVILLE, NY 11747</b>			Mailing Address <b>175 BROAD HOLLOW RD TAX DEPT MELVILLE, NY 11747</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>94-3286700</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		Zip Code
					<b>FL</b>
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARRIETA, JULIO		NAME	Raymond Roe	
STREET ADDRESS	175 BROAD HOLLOW RD		STREET ADDRESS	175 Broad Hollow Rd	
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP	Melville NY 11747	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP CFO D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, PATRICIA		NAME	Lyons, Patrick	
STREET ADDRESS	175 BROAD HOLLOW RD		STREET ADDRESS	175 Broad Hollow Rd	
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP	Melville NY 11747	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALHEISER, HARVEY		NAME		
STREET ADDRESS	175 BROAD HOLLOW ROAD		STREET ADDRESS		
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP		
TITLE	VSGC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, JYRL		NAME		
STREET ADDRESS	175 BROAD HOLLOW ROAD		STREET ADDRESS		
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALHEISER, HARVEY		NAME		
STREET ADDRESS	175 BROAD HOLLOW ROAD		STREET ADDRESS		
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VP AS Chief Legal Counsel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Diana R. Karabelas	
STREET ADDRESS			STREET ADDRESS	175 Broad Hollow Rd	
CITY-ST-ZIP			CITY-ST-ZIP	Melville NY 11747	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Harvey Smalheiser		Date 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	