
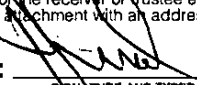


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90039 050 ***150.00

DOCUMENT # F9800000849					
1. Entity Name ADECCO USA, INC.					
Principal Place of Business 175 BREAD HOLLOW ROAD MELVILLE, NY 11747			Mailing Address 175 BROAD HOLLOW RD TAX DEPT MELVILLE, NY 11747		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 94-3286700	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROE, RAYMOND		NAME		
STREET ADDRESS	175 BROAD HOLLOW RD		STREET ADDRESS		
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP CFO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYONS, PATRICK		NAME	Stephen Nolan	
STREET ADDRESS	175 BROAD HOLLOW RD		STREET ADDRESS	175 Broad Hollow Road	
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	VPAS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARABELAS, DIANA R		NAME		
STREET ADDRESS	175 BROAD HOLLOW ROAD		STREET ADDRESS		
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP		
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 Vice President of Taxation		Date 2/4/05 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					