

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90007 030 \*\*\*150.00

715321



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 519990**  
 1. Entity Name  
**ROBERT HALF INCORPORATED**

|  |   |
|--|---|
| Principal Place of Business<br>2884 SAND HILL ROAD<br>SUITE 200<br>MENLO PARK CA 94025 | Mailing Address<br>2884 SAND HILL ROAD<br>SUITE 200<br>MENLO PARK CA 94025-7072 |
|--|---|

|  |  |         |         |
|--|--|---------|---------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip | Country | Country |
|--|--|---------|---------|

|   |  |
|---|--|
| 4. FEI Number<br><b>13-6152063</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
~~1200 SOUTH PINE ISLAND ROAD~~  
**PLANTATION FL 33324-5841**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| ii. OFFICERS AND DIRECTORS  |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---------------------------------|---|---|
| PD<br>MESSMER, HAROLD M JR<br>2884 SAND HILL ROAD SUITE 200<br>MENLO PARK CA 94025  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| VPT<br>WADDELL, M. KEITH<br>2884 SAND HILL ROAD SUITE 200<br>MENLO PARK CA 94025    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| V<br>GLASS, ROBERT W.<br>2884 SAND HILL ROAD SUITE 200<br>MENLO PARK FL 94025       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| VS<br>KAREL, STEVEN<br>2884 SAND HILL ROAD SUITE 200<br>MENLO PARK CA 94025         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| VSTC<br>FORSBERG, BARBARA J<br>2884 SAND HILL ROAD SUITE 250<br>MENLO PARK CA 94025 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert Half Corporation**  
 By: *M. Keith Waddell*  
**M. Keith Waddell, President**  
 Date: **2 / 2000** Daytime Phone #: **(650) 234-6000**

CR2E034 (9/99)