


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 519990</b>	
1. Entity Name <b>ROBERT HALF INCORPORATED</b>	

<b>Principal Place of Business</b> 2884 SAND HILL ROAD SUITE 200 MENLO PARK, CA 94025	<b>Mailing Address</b> 2884 SAND HILL ROAD SUITE 200 MENLO PARK, CA 94025
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04062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324-5841
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MESSMER, HAROLD M JR 2884 SAND HILL ROAD SUITE 200 MENLO PARK, CA 94025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD WADDELL, M. KEITH 2884 SAND HILL ROAD SUITE 200 MENLO PARK, CA 94025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP GLASS, ROBERT W 2884 SAND HILL ROAD SUITE 200 MENLO PARK, FL 94025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS KAREL, STEVEN 2884 SAND HILL ROAD SUITE 200 MENLO PARK, CA 94025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: By:** M. Keith Waddell **Robert Half Incorporated**  
**M. Keith Waddell, VP 4/6/05 (650) 234-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #