FILED Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90055 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

519990 DOCUMENT #

1. Entity Name

ROBERT HALF INCORPORATED



Principal Place of Business 2884 SAND HILL ROAD SUITE 200 MENLO PARK CA 94025		2884 SAND HILL SUITE 200	Mailing Address 2884 SAND HILL ROAD SUITE 200 MENLO PARK CA 94025		1 T T T T T T T T T T T T T T T T T T T			
2. Principal Place of Business		3. Mailing Addres	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			☐ CHECK HERE IF MAK		
City & State		City & State	City & State			4. FEI Number 13-6152063		
Zip	Country	. Zip	Country		5. Certificate of	f Status Desired		
	6. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registe				
0 T 000000	ATION OVOTER			Name				
	ATION SYSTEM PINE ISLAND ROAD	,	•		Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION	FL 33324-5841					· · · · ·		
				City	<u>. </u>		ſ	
the obligations	ned entity submits this statem s of registered agent.	nent for the purpose of char	nging its register	ed office or regi	stered agent, or both	, in the State of Flor	rida. I	
SIGNATURE	ature, typed or printed name of registere	d agent and title if applicable.	(NOTE: Registere	d Agent signature rec	quired when reinstating)		DA	
FILE After Ma Make Check Pa	0.00		_		tion Campaign Fina t Fund Contribution	_		
10. OFFICERS AND DIRECTORS			11.		ADDITIONS/CHANGES TO OFFICER		CERS /	
TITLE PD ME) Essmer, Harold M Jr	☐ Del	ete TITL NAM					

012



MAKING CHANGES

Applied For

Not Applicable

\$8.75 Additional Fee Required

istered Agent

Zip Code

la. I am familiar with, and accept

DATE

\$5.00 May Be Added to Fees

RS AND DIRECTORS IN 11 ☐ Change ☐ Addition STREET ADDRESS 2884 SAND HILL ROAD SUITE 200 STREET ADDRESS CITY-ST-ZIP **MENLO PARK CA 94025** CITY-ST-ZIP **VPTD** ☐ Addition TITLE ☐ Delete TITLE ☐ Change WADDELL, M. KEITH NAME NAME STREET ADDRESS 2884 SAND HILL ROAD SUITE 200 STREET ADDRESS CITY-ST-ZIP MENLO PARK CA 94025 CITY-ST-ZIP SVP ☐ Delete TITLE TITLE ☐ Change Addition GLASS, ROBERT W NAME NAME STREET ADDRESS 2884 SAND HILL ROAD SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MENLO PARK FL 94025 VS** ☐ Delete TITLE ☐ Change ☐ Addition TITLE KAREL, STEVEN NAME NAME 2884 SAND HILL ROAD SUITE 200 STREET ADDRESS STREET ADDRESS MENLO PARK CA 94025 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section-1,19,07(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.

Robert Half Incorporated

Right Half Incorporated

SIGNATURE: By: SIGNATURE NOTYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date