

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90089 044 ***150.00

DOCUMENT # F03000002422

1. Entity Name

HUDSON HIGHLAND GROUP, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

622 THIRD AVENUE

Suite, Apt. #, etc.

38TH FLOOR

City & State

NEW YORK, NY

Zip

10017

Country

3. Mailing Address

622 THIRD AVENUE

Suite, Apt. #, etc.

38TH FLOOR

City & State

NEW YORK, NY

Zip

10017

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

25-1809839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City

TALLAHASSEE

FL

Zip Code

32301-0000

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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	CEO/PRESIDENT JON CHAIT 622 THIRD AVENUE, 38 FLOOR NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LATHAM WILLIAMS 225 WEST WACKER DRIVE, #2100 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/EXECUTIVE VICE PRESIDENT RICHARD PEHLKE 225 WEST WACKER DRIVE, #2100 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOHN J. HALEY 1717 H STREET NW, 6 FLOOR WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DAVID G. OFFENSEND 65 EAST 55 STREET, 33 FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR NICHOLAS G. MOORE 50 BEALE STREET SAN FRANCISCO, CA 94105

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Latham Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/04 (212) 351-7189

Date

Daytime Phone #

CR2E034B (12/02)