

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 617-6384

From:  
Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1515

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**CORPORATION REINSTATEMENT  
HUDSON HIGHLAND GROUP, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,200.00

Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

2010 MAR 15 P 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F03000002422

1. Corporation Name

HUDSON HIGHLAND GROUP, INC.

2. Principal Office Address - No P.O. Box #

10 South Wacker Drive

Suite, Apt. #, etc.

Suite 2600

City &amp; State

Chicago IL

Zip

60606

Country

USA

3. Mailing Office Address

10 South Wacker Drive

Suite, Apt. #, etc.

Suite 2600

City &amp; State

Chicago IL

Zip

60606

Country

USA

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

05/14/2003

5. FEI Number  
59-3547281Applied For  
☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒Is Additional Fee Required  
for Certificate of Status?

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of  
Registered Agent*Carina L. Dunlap*Carina L. Dunlap  
Asst. Vice President

Date 3-15-10

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO/President	Jon F. Chait	10 South Wacker Dr Ste2600	Chicago IL 60606
CFO	Mary Jane Redmond	10 South Wacker Dr Ste2600	Chicago IL 60606
EVP	Margaretta Noonan	10 South Wacker Dr Ste2600	Chicago IL 60606
SVP	Latham Williams	10 South Wacker Dr Ste2600	Chicago IL 60606
Director	John J. Haley	10 South Wacker Dr Ste2600	Chicago IL 60606
Director	David G. Offensend	10 South Wacker Dr Ste2600	Chicago IL 60606

10. E-mail Address: Robert.Buccarelli@Hudson.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Latham Williams* Latham Williams

3/11/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT

07-10