

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000000215

1. Entity Name
RANDSTAD STAFFING SERVICES USA, INC.



Principal Place of Business
**2015 SOUTH PARK PLACE
ATLANTA, GA 30339**

Mailing Address
**177 CROSSWAYS PARK DR
WOODBURY, NY 11797**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2033922

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	REESE, JIM
STREET ADDRESS	2015 SOUTH PARK PLACE
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	VPT
NAME	CALABRO, ROBERT
STREET ADDRESS	177 CROSSWAYS PARK DRIVE
CITY-ST-ZIP	WOODBURY, NY 11797
TITLE	S
NAME	WHITEHEAD, STEVEN
STREET ADDRESS	2015 SOUTH PARK PLACE
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	CFO
NAME	ELLIOT, BEN
STREET ADDRESS	2015 SOUTH PARK PLACE
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT CALABRO
UP TAX

3/19/04