


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000000215 1. Entity Name RANDSTAD STAFFING SERVICES USA, INC.	
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Principal Place of Business 2015 SOUTH PARK PLACE ATLANTA, GA 30339	Mailing Address 177 CROSSWAYS PARK DR WOODBURY, NY 11797
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DO NOT WRITE IN THIS SPACE

04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2033922	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000328738 04/25/05-80091-009 150.00
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10. OFFICERS AND DIRECTORS

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

**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: ROBERT CALABRO VP TAX 4/25/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #