


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

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90012 004 ***150.00

DOCUMENT # F96000006530	
1. Entity Name MONSTER WORLDWIDE, INC.	

DO NOT WRITE IN THIS SPACE

44015497

2. Principal Place of Business 622 THIRD AVENUE Suite, Apt. #, etc. 38TH FLOOR City & State NEW YORK, NY Zip 10017		3. Mailing Address 622 THIRD AVENUE Suite, Apt. #, etc. 38TH FLOOR City & State NEW YORK, NY Zip 10017		4. FEI Number 13-3906555 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	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 Fees \$150.00 After May 1, Fees \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	CEO/CHAIRMAN OF THE BOARD		
	ANDREW MCKELVEY	622 THIRD AVENUE, 39 FLOOR	NEW YORK, NY 10017
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	SECRETARY		
	MYRON OLESNYCKYJ	622 THIRD AVENUE, 29 FLOOR	NEW YORK, NY 10017
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DIRECTOR		
	GEORGE EISELE	600 INTERNATIONAL DRIVE	MT. OLIVE, NJ 07828
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DIRECTOR		
	RONALD KRAMER	31 WEST 52 STREET, 27 FLOOR	NEW YORK, NY 10017
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DIRECTOR		
	JOHN SWANN	184 FRONT STREET EAST, #201	TORONTO, ON M5A 4N3
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DIRECTOR		
	DAVID STEIN	9009 RENGENCY SQUARE BOULEVARD	JACKSONVILLE, FL 32211

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

SIGNATURE: _____ **3/1/04** **(12)351-7189**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)