

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006855 (8)**

1. Corporation Name

ADECCO FIELD MANAGEMENT, INC.



Principal Place of Business 100 REDWOOD SHORES PKWY. REDWOOD CITY CA 94065	Mailing Address 100 REDWOOD SHORES PKWY. REDWOOD CITY CA 94065
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/30/1996	
4. FEI Number 94-3254411		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LATOUR, BARBARA			1.2 NAME			
STREET ADDRESS	100 REDWOOD SHORES PKWY.			1.3 STREET ADDRESS			
CITY-ST-ZIP	REDWOOD CITY CA			1.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAYLOR, KEITH			2.2 NAME			
STREET ADDRESS	100 REDWOOD SHORES PKWY.			2.3 STREET ADDRESS			
CITY-ST-ZIP	REDWOOD CITY CA 94065			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PFISTER, PETER			3.2 NAME			
STREET ADDRESS	100 REDWOOD SHORES PKWY			3.3 STREET ADDRESS			
CITY-ST-ZIP	REDWOOD CITY CA			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	AS	
NAME	FOSTER, TWILA			4.2 NAME			
STREET ADDRESS	650 CALIFORNIA ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA			4.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S	
NAME	PENFIELD, DOREEN R.			5.2 NAME			
STREET ADDRESS	100 REDWOOD SHORES PKWY			5.3 STREET ADDRESS			
CITY-ST-ZIP	REDWOOD CITY CA			5.4 CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHMAN, MARK			6.2 NAME			
STREET ADDRESS	100 REDWOOD SHORES PKWY			6.3 STREET ADDRESS			
CITY-ST-ZIP	REDWOOD CITY CA			6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DOREEN PENFIELD

3/31/98

650-610-1012

CR2E034 (10/97)