

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F96000006855**

1. Entity Name

ADECCO FIELD MANAGEMENT, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 PM 1:21

Principal Place of Business Mailing Address
100 REDWOOD SHORES PKWY. 100 REDWOOD SHORES PKWY.
REDWOOD CITY CA 94065 REDWOOD CITY CA 94065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
175 Broad Hollow Rd *175 Broad Hollow Rd*
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Melville NY *Melville NY*

4. FEI Number **94-3254411** Applied For
Not Applicable

Zip Country Zip Country
11747 USA *11747 USA*

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LATOUR, BARBARA	
STREET ADDRESS	100 REDWOOD SHORES PKWY.	
CITY-ST-ZIP	REDWOOD CITY CA 94065	
TITLE	PTCF	<input type="checkbox"/> Delete
NAME	POND-HEIDE, DEBBIE	
STREET ADDRESS	100 REDWOOD SHORES PARKWAY	
CITY-ST-ZIP	REDWOOD CITY CA 94065	
TITLE	D	<input type="checkbox"/> Delete
NAME	PFISTER, PETER	
STREET ADDRESS	100 REDWOOD SHORES PKWY	
CITY-ST-ZIP	REDWOOD CITY CA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WASHINGTON, JYRL	
STREET ADDRESS	100 REDWOOD SHORES PARKWAY	
CITY-ST-ZIP	REDWOOD CITY CA 94065	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PENFIELD, DOREEN R.	
STREET ADDRESS	100 REDWOOD SHORES PKWY	
CITY-ST-ZIP	REDWOOD CITY CA	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	RICHMAN, MARK	
STREET ADDRESS	100 REDWOOD SHORES PKWY	
CITY-ST-ZIP	REDWOOD CITY CA	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John P. Bowmer	
STREET ADDRESS	175 Broad Hollow Road	
CITY-ST-ZIP	Melville NY 11747	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	175 Broad Hollow Road	
CITY-ST-ZIP	Melville NY 11747	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500003408045--2	
CITY-ST-ZIP	-09/28/00--01061--012	
	***750.00 ***750.00	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	175 Broad Hollow Rd	
CITY-ST-ZIP	Melville NY 11747	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maureen Grippa	
STREET ADDRESS	175 Broad Hollow Rd	
CITY-ST-ZIP	Melville NY 11747	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)