

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
100 REDWOOD SHORES PKWY.
REDWOOD CITY CA 94065

Mailing Address

100 REDWOOD SHORES PKWY.
REDWOOD CITY CA 94065

2. Principal Place of Business

175 Broad Hollow Rd

Suite, Apt. #, etc.

3. Mailing Address

175 Broad Hollow Rd

Suite, Apt. #, etc.

City & State

Melville NY

City & State

Melville NY

Zip

11747

Country

USA

Zip

11747

Country

USA

4. FEI Number

94-3254411

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE D
NAME LATOUR, BARBARA
STREET ADDRESS 100 REDWOOD SHORES PKWY.
CITY-ST-ZIP REDWOOD CITY CA 94065

☒ Delete

TITLE PTCF
NAME POND-HEIDE, DEBBIE
STREET ADDRESS 100 REDWOOD SHORES PARKWAY
CITY-ST-ZIP REDWOOD CITY CA 94065

☐ Delete

TITLE D
NAME PFISTER, PETER
STREET ADDRESS 100 REDWOOD SHORES PKWY
CITY-ST-ZIP REDWOOD CITY CA

☐ Delete

TITLE AS
NAME WASHINGTON, JYRL
STREET ADDRESS 100 REDWOOD SHORES PARKWAY
CITY-ST-ZIP REDWOOD CITY CA 94065

☐ Delete

TITLE S
NAME PENFIELD, DOREEN R.
STREET ADDRESS 100 REDWOOD SHORES PKWY
CITY-ST-ZIP REDWOOD CITY CA

☒ Delete

TITLE AT
NAME RICHMAN, MARK
STREET ADDRESS 100 REDWOOD SHORES PKWY
CITY-ST-ZIP REDWOOD CITY CA

☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director
NAME John P. Bowmer
STREET ADDRESS 175 Broad Hollow Road
CITY-ST-ZIP Melville NY 11747

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS 175 Broad Hollow Road
CITY-ST-ZIP Melville NY 11747

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 500003408045--2
CITY-ST-ZIP -09/28/00--01061--012
****750.00 ****750.00

☐ Change ☐ Addition

TITLE Secretary
NAME
STREET ADDRESS 175 Broad Hollow Rd
CITY-ST-ZIP Melville NY 11747

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE Treasurer
NAME Maureen Grippa
STREET ADDRESS 175 Broad Hollow Rd
CITY-ST-ZIP Melville NY 11747

☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)