

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01 1997 8:00am
Secretary of State

DOCUMENT # F96000006856 (6)

1. Corporation Name

ADECCO EMPLOYMENT SERVICES, INC.



Principal Place of Business

100 REDWOOD SHORES PKWY.
REDWOOD CITY CA 94065

Mailing Address

100 REDWOOD SHORES PKWY.
REDWOOD CITY CA 94065-1156

3. Date Incorporated or Qualified

12/30/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number

94-3254410

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ 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

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

TITLE PSTD
NAME POND-HEIDE, DEBBIE
STREET ADDRESS 100 REDWOOD SHORES PKWY.
CITY-ST-ZIP REDWOOD CITY CA 94065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME JOHN BOWMER
2.3 STREET ADDRESS 100 REDWOOD SHORES PARKWAY
2.4 CITY-ST-ZIP REDWOOD CITY, CA 94065

3.1 TITLE T ☐ Change ☒ Addition
3.2 NAME MARK EATON
3.3 STREET ADDRESS 100 REDWOOD SHORES PARKWAY
3.4 CITY-ST-ZIP REDWOOD CITY, CA 94065

4.1 TITLE S ☐ Change ☒ Addition
4.2 NAME TWILA FOSTER
4.3 STREET ADDRESS 650 CALIFORNIA ST.
4.4 CITY-ST-ZIP SAN FRANCISCO, CA 94108

5.1 TITLE AS ☐ Change ☒ Addition
5.2 NAME DOREEN R. PENFIELD
5.3 STREET ADDRESS 100 REDWOOD SHORES PARKWAY
5.4 CITY-ST-ZIP REDWOOD CITY, CA 94065

6.1 TITLE AT ☐ Change ☒ Addition
6.2 NAME MARK RICHMAN
6.3 STREET ADDRESS 100 REDWOOD SHORES PARKWAY
6.4 CITY-ST-ZIP REDWOOD CITY, CA 94065

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/97

Date

415-610-1000

Daytime Phone # 0011004

CR2E034 (9/96)