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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Apr 14 1998 8:00am Secretary of State

,,,,	1998	7.7	N OF CORPORA		Secreta	ny or State	
DOCUMENT # F9600006856 (6) 1. Corporation Name ADECCO EMPLOYMENT SERVICES, INC.							
					I ARRINGO INA ARNICARINI ARNICARINI		
Principal Place of Business Mailing Address					I ABBAKBA PAID LUINA BANAY BORAN PANAY N	ODIH DOHA BUKA UKIDI DISID DIK UTSA	
			NOOD SHORES PKWY. D CITY CA 94065				
					DO NOT WRIT	TE IN THIS SPACE	
					12/30/1996		
2. Principal Place of Business 2a. Mailing At			s		4. FEI Number	Applied For	
21 26 Suite, Apt. #, etc Suite, Apt. #, etc			C.	, -	94-3254410	Not Applicable \$8.75 Additional	
27					5. Certificate of Status Desired	Fee Required	
City & Sta	City & State City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zŧp	Country	Zφ	Cour	ntry	8. This corporation owes or has p		
24	25 9. Name and Address of Curren	29	30		Personal Property Tax due Jur 10. Name and Address of New F		
C.	T CORPORATION SYSTEM	t Hegistelet Agent		81 Name	_ 	iogistarou Agent	
1200 SOUTH PINE ISLAND ROAD				82 Street	2 Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324				83			
B4 City						FL 85 Zip Code	
11. Pursuant to the provisions of Socions 607 0:002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						purpose of changing its registered ept the appointment as registered	
SIGNATURE	ати тапппаг with, вли весерт тье орлус	mons or, section 607.05	us, Fiorida statt	168.			
12.	Signature, typed or printed name of registered age OFFICERS ANI		(NOTE Registered	Agent signature	e required when reinstating) ADDITIONS/CHANGES TO OFF	DATE	
TITLE	PD	DELE		LE	ADDITIONS/OTIANGES TO CIT	Change Addition	
NAME	POND-HEIDE, DEBBIE 100 REDWOOD SHORES PKY	w	1.2 NA				
STREET ADDRESS CITY-ST-ZIP	REDWOOD CITY CA	• • • • • • • • • • • • • • • • • • • •		REET ADDRESS Y-St-Zip			
TITLE	0	☐ DELE				☐ Change ☐ Addition	
NAME	BOWMER, JOHN 100 REDWOOD SHORES PKY	w	2.2 NA		ļ.		
STREET ADDRESS CITY-ST-ZIP	REDWOOD CITY CA	*1		REET ADDRESS TY-ST-ZIP			
TITLE	T	DELE1			CF0	☐ Change ☐ Addition	
NAME	EATON, MARK, 100 REDWOOD SHORES PKY	w	3.2 NA				
STREET ADDRESS CITY-ST-ZIP	REDWOOD CITY CA	*1		REET ADDRESS TY-ST-ZIP	}		
TITLE	8	DELE			AS	Change Addition	
NAME	FOSTER, TWILA 650 CALIFORNIA ST		4. 2 NA		ļ		
STREET ADDRESS CITY-ST-ZIP	SAN FRANCISCO CA			REET ADDRESS Y-ST-ZIP			
TITLE	AS	☐ DELET			SECRETARY	Change Addition	
NAME	PENFIELD, DOREEN R.	urv	5.2 NA				
STREET ADDRESS CITY-ST-ZIP	100 REDWOOD SHORES PKV REDWOOD CITY CA	₹1	1	REET ADDRESS	,	}	
TITLE	AT	DELET		Y-ST-ZIP LE	TREASURER	Change Addition	
NAME	RICHMAN, MARK	NA.	62 NAI				
STREET ADDRESS	100 REDWOOD SHORES PKY REDWOOD CITY CA	VΤ		IEET AODRESS			
CITY-ST-ZIP 14. I hereby		th this filing does not qu		Y-ST-ZIP mption state	Section 119.07(3)(i), Florida Statutes. gnature shall have the same legal effect as s required by Chapter 607, Florida Statutes.	I further certify that the information	
indicated	on this annual report of tupplemental	ii annuni repolit is true at iivo or trusteri opinowiii	a accurate and	tnat my šig nis renort as	gnature snall nave the same legat effect as s required by Chapter 607, Florida Statutes	ii made under oath; that I am an	

DOREEN PENFIELD

3/31/98

650-610-1013