

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**  
 07-19-2001 90005 006 \*\*\*550.00

0106738 AT

**DOCUMENT # F96000006856**

1. Entity Name

**ADECCO EMPLOYMENT SERVICES, INC.**

Principal Place of Business

**175 BROAD HOLLOW RD  
 MELVILLE NY 11747**

Mailing Address

**175 BROAD HOLLOW RD  
 MELVILLE NY 11747**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-3254410**

Applied For

Not Applicable

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 12, 2001 Fee 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 **PD** ☐ Delete  
 NAME **POND-HEIDE, DEBBIE**  
 STREET ADDRESS **175 BROAD HOLLOW RD**  
 CITY-ST-ZIP **MELVILLE NY 11747**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **BOWMER, JOHN**  
 STREET ADDRESS **175 BROAD HOLLOW RD**  
 CITY-ST-ZIP **MELVILLE NY 11747**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **CFO** ☐ Delete  
 NAME **EATON, MARK,**  
 STREET ADDRESS **175 BROAD HOLLOW RD**  
 CITY-ST-ZIP **MELVILLE NY 11747**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **AS** ☐ Delete  
 NAME **WASHINGTON, JYRL**  
 STREET ADDRESS **175 BROAD HOLLOW RD**  
 CITY-ST-ZIP **MELVILLE NY 11747**

TITLE **Secretary** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PA** ☐ Delete  
 NAME **O'MEALLY, DIANE**  
 STREET ADDRESS **PARK 80 WEST PLAZA II GARDEN ST PKWY**  
 CITY-ST-ZIP **SADDLE BROOK NJ 07683**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☒ Delete  
 NAME **RICHMAN, MARK**  
 STREET ADDRESS **100 REDWOOD SHORES PKWY**  
 CITY-ST-ZIP **REDWOOD CITY CA**

TITLE **Treasurer** ☐ Change ☒ Addition  
 NAME **Maureen Grippo**  
 STREET ADDRESS **175 Broad Hollow Road**  
 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jyrl Washington** **7/12/01** **631 844 7800**

Date

Daytime Phone #

CR2E034 (5/01)