## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CO REI	STA E	ON US	Sec	EPARTMENT O  Jim Smith  cretary of State N OF CORPORATIO	e	FILED 02 DEC 11 PH 12: 53
ľ	DOCUMENT # F98000000849  1. Corporation Name  Adecco CS, Inc.					SECRETARY OF STATE TALLAHASSEE FLORIDA
Adeco	co CS,	Inc.		·		
2. Principal Office Address			3. Mailing Office Address			<b>-1</b>
			, the state of the	•	. Dood	
175 Broad Hollow Road Suite, Apt. #, etc.			175 Broad Hollow Road Suite, Apt. #, etc.		Road	<b>'- </b>
3-1-3,7, 4-1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1						4. Date Incorporated or Qualified
City & State			City & State			To Do Business in Florida 2/12/1998
Melville NY						5. FEI Number Applied For
Zip Country ·		Melville NY			94-3286700 Not Applicable	
•		ŀ	Zip	Country		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
11747		USA	11747	USA and Address of Cu		SAME FOR A CHARGE OF STATUS 3000000000000000000000000000000000000
Signature of Registered	1200 Suite, Apt. City Plant g appointed of Agent	ation the registered agent of the a	Island R  above named corp  Country  GISTERED AGEN	oration, am familiar IT MUST SIGN	Patrick Assistant	State Zip Code FL 33324  cept the obligations of section 607.0505 or 617.0503, F.S.  k A. Nolan  nt Secretary Date 12/10/02  st list at least 3 directors)
Titles		Name of	, , , , , , , , , , , , , , , , , , ,	Street A	Address of Eacl	ach City / State / 7in
	See A	Officers and/or Directors ttached		Officer	and/or Director	AOT
	-	7-10-0				
		**			•	
that wh or 617.	nen filing this .0401, F.S., th n 119.07(3)(i)	reinstatement application, nat all fees owed by the corn, F.S. The information indicates	the reason for disa poration have bee ated on this applic	solution has been eli n paid and the name ation is true and acc	minated, the co s of individuals curate, and my	ation as provided for in chapter 607 or 617, F.S. I further certify corporate name satisfies the requirements of section 607.0401 als listed on this form do not qualify for an exemption under ny signature shall have the same legal effect as if made under oath.  CEST 11/4/02 (631)8447616
3.3.M.	\$1G	NATURE AND TYPED OR PRI	NTED NAME OF SIG	SNING OFFICER OR D	RECTOR	esr 11/4/02 (631)8447616  Date Dayline Phone #

STF FL32524F.1

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## Adecco CS, Inc.

(Delaware)

## **DIRECTORS**

Julio Arrieta - Chair

175 Broad Hollow Road Melville, New York 11747

Patrick Lyons

175 Broad Hollow Road Melville, New York 11747

Harvey Smalheiser

175 Broad Hollow Road Melville, New York 11747

## **OFFICERS**

Julio Arrieta - Chair of the Board and President

175 Broad Hollow Road Melville, New York 11747

Patrick Lyons - Chief Financial Officer

175 Broad Hollow Road Melville, New York 11747

Maureen M. Grippa -Vice President and Treasurer

175 Broad Hollow Road Melville, New York 11747

Jyrl Washington - Vice President, General Counsel and Secretary

175 Broad Hollow Road Melville, New York 11747

Harvey Smalheiser - Vice President, Taxes

175 Broad Hollow Road Melville, New York 11747

Diana R. Karabelas - Assistant Vice President, Assistant Secretary, Assistant General Counsel

175 Broad Hollow Road Melville, New York 11747



175 Broad Hollow Road Melville, NY 11747-8905 Tel. (631) 844-7800

December 9, 2002

Katherine Harris Secretary of State Department of State Division of Corporations PO Box 6327 Tallahassee FL 32314

Re: Adecco CS, Inc. F98000000849

Dear Department Representative:

Attached is our second reinstatement form. My understanding is the first was rejected by returned to the wrong address.

We request the reinstatement fee of \$600.00 be waived as we never received the original annual report that was to be filed 6/1/2002.

Also we request that the overpayment of \$450.00 be refunded to us.

If further information is required, please contact Donald Niebuhr at (631) 844-4906.

Sincerely,

Harvey Smalheiser

Vice President, Taxes