

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90005 001 ***550.00

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DOCUMENT # F98000000849 1. Entity Name ADECCO USA, INC.					
Principal Place of Business 175 BREAD HOLLOW ROAD MELVILLE, NY 11747			Mailing Address 175 BROAD HOLLOW RD TAX DEPT MELVILLE, NY 11747		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 94-3286700	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRIETA, JULIO 175 BROAD HOLLOW RD MELVILLE, NY 11747		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P Raymond Roe 175 Broad Hollow Rd Melville NY 11747	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, PATRICIA 175 BROAD HOLLOW RD MELVILLE, NY 11747		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CFO D Lyons, Patrick 175 Broad Hollow Rd Melville NY 11747	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMALHEISER, HARVEY 175 BROAD HOLLOW ROAD MELVILLE, NY 11747		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSGC WASHINGTON, JYRL 175 BROAD HOLLOW ROAD MELVILLE, NY 11747		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SMALHEISER, HARVEY 175 BROAD HOLLOW ROAD MELVILLE, NY 11747		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AS Chief Legal Counsel Diana R. Karabelas 175 Broad Hollow Rd Melville NY 11747	
12. 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 10 or Block 11 if changed, or on an amendment with an address, with all other like empowered.					
SIGNATURE: Harvey Smalheiser					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					