


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000000849 1. Entity Name ADECCO USA, INC.	
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Principal Place of Business 175 BREAD HOLLOW ROAD MELVILLE, NY 11747	Mailing Address 175 BROAD HOLLOW RD TAX DEPT MELVILLE, NY 11747
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DO NOT WRITE IN THIS SPACE



05022008 No Chg-P CR2E034 (11/05)

4. FEI Number 94-3286700	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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.	0000000951085 06/04/08-80016-022 150.00
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GILLIAM, THERON I 175 BROAD HOLLOW RD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPCF NOLAN, STEPHEN 175 BROAD HOLLOW RD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT EHRHART, DAWN 175 BROAD HOLLOW ROAD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSGC REARDON, GEORGE M 175 BROAD HOLLOW ROAD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DEPALO, LORELEI 175 BROAD HOLLOW ROAD MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAS KARABELAS, DIANA R 175 BROAD HOLLOW ROAD MELVILLE, NY 11747

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attachment with an address, with all other like empowered	
SIGNATURE: <u><i>Dawn E. Ehrhart</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>5/12/08</u> <small>Daytime Phone #</small>