PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F98000005846

1. Corporation Name

PROBUSINESS SERVICES, INC.

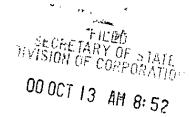
Principal Place of Business

SIGNATURE:

Mailing Address

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



4125 HOPYARD ROAD PLEASANTON CA 94588			4125 HOPYARD ROAD PLEASANTON CA 94588								
If above addresses are incorrect in any way, line through incorrect information and enter correction						orrection below.	REM.	STATEM		79-CE	
				ng Office Address, If Applicable 4. Date In			Date Incorp To Do Busir	orporated or Qualified usiness in Florida			
Suite, Apt. #, etc. Suite,			Suite, Apt. #,	ite, Apt. #, etc.			5. FEI Number Applied For				
City & State			City & State				<u> </u>		Not Applicable		
Zip Country		Zip		Country		CERTIFICATE OF STATUS DESIRED 6 58.75 Additional Fee required for a Certificate of Status					
7. Names a	and Street Ad	dresses of Each Officer and	l/or Director (Flo	rida nonprofit c	corporati	ions must list at lea	st 3 directors)				
Title(s)	Title(s) Name of Officers and/or Directors 2					et Address of Each cer and/or Director		City 4	y / State / Zip		
CIDIP SINTON, THOMAS			4125 HOPYARD ROARD			PLEASANTON CA 94588					
٧	BIZZACK, JEFFREY M			4125 HOPYARD ROARD			PLEASANTON CA	9458	38		
V JOHNSON, LESLIE A Bialock, Jerry			4125 HOPYARD ROARD			PLEASANTON CA 945 88					
v/s	KLEI, STEVEN E			4125 HOPYARD ROARD			PLEASANTON CA	9458	8 .		
V SCHNEIDER, ROBERT E				4125 HOPYARD ROARD			PLEASANTON CA				
D Roody, Thomas P.			655 Fifteenth Street, N.W.			Washington, C	7.C. ZO	005			
D	CLIFFORD, WILLIAM T 56 TOP GALI				ALLANT	Γ ROAD		STAMFORD CT	068	30	
8. Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent				
						Name			Λ.	۸	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD						Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324					Suite, Apt. #, Etc.			****900.00 *****908.00			
i					Ì	City State Zip Code FL					
10. I, being	appointed th	e registered agent of the ab	ove named com	oration, am fam	niliar witl	h and accept the o	bligations of Sect	ion 607.0505, F.S.			
Signature o Registered	f Agent	- Kath) Julie Egistered ag	ENT MUST SI	QU GN	MRED		Date <u>9/20/C</u>	0		
this rein	istatement an	officer or director or the rece plication, the reason for dis- tion have been paid and the	solution has been	eliminated, the	e corpor	rate name satisfies	the requirements	s of section 607.0401 or 6	317.0401, F.S	., that all fees	

Florida Appendix Probusiness Services, Inc.

Additional Directors

NAME/ADDRESS	TITLE(S)
David C. Hodgson	D
General Atlantic Partners	
c/o General Atlantic Services	ĺ
Corporation	
3 Pickwick Plaza	1
Greenwich, CT 06830	
Ronald W. Readmond	D
WIT Capital Group	ĺ
826 Broadway, 6th Floor	

New York, NY 10003