

ACCOUNT NO.

072100000032

REFERENCE :

878021

4812821

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: October 26, 2000

ORDER TIME: 9:43 AM

ORDER NO. : 878021-060

CUSTOMER NO: 4812821

CUSTOMER: Cherie Harris, Legal Asst

Fulbright & Jaworski 666 Fifth Avenue

31st Floor

New York, NY 10103-3198

CHANGE OF AGENT

NAME: TMP TECHNOLOGY SOLUTIONS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

800003456958---4

PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight EXT: 1156

SOFFICIENCY OF FILING

En:01 MA 8- VON 00

DIVISION OF STATE OF STATE OF STATES

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation is:TMP Technology Solutions, Inc.
2. The mailing address of the corporation is: C\O TMP Worldwide, 622 Third Avenue, New York, NY 1001
3. Date of incorporation/qualification: December 22, 1999 Document number:
4. The name and address of the current registered agent and office:
CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
(Signature of an oxicer, chairman or vice chairman of the board) (Date)
Chomas G. Collison, Vice President
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as egistered agent.
DOLORO Butter
(Signature of Registered Agent) (Date)
signing on behalf of an entity:
Dolores Burton, Assistant Vice President (Typed or Printed Name) (Canacity)
(Capacity)
* * * FILING FEE: \$35.00 * * *

CR2EO45(7/97)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314