

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

004571

DOCUMENT # M00000002569

1. Entity Name

ADECCO NORTH AMERICA, LLC

04-03-2002 90022 029 ****50.00

Principal Place of Business

ATTN: TAX DEPT.
 175 BROAD HOLLOW RD.
 MELVILLE NY 11747

Mailing Address

ATTN: TAX DEPT.
 175 BROAD HOLLOW RD.
 MELVILLE NY 11747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **11-3573231**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **ASI STAFFING, INC.**
 STREET ADDRESS **175 BROAD HOLLOW ROAD**
 CITY-ST-ZIP **MELVILLE NY 11747-8905**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **SEE ATTACHED**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

HARVEY SMALHEIJER 3/15/02 631-844-4907

CR2E083 (9/01)

ADECCO NORTH AMERICA, LLC
(Delaware)

Attachment
936484

MEMBER: ASI Staffing, Inc.

#MD0000002569

OFFICERS

Deborah Pond-Heide	President	175 Broad Hollow Road Melville, New York 11747
Mark R. Eaton	Chief Financial Officer	175 Broad Hollow Road Melville, New York 11747
Maureen M. Grippa	Treasurer	175 Broad Hollow Road Melville, New York 11747
Harvey Smalheiser	Vice President of Taxation	175 Broad Hollow Road Melville, New York 11747
Jyrl Washington	Vice President, General Counsel & Secretary	175 Broad Hollow Road Melville, New York 11747
Diana R. Karabelas	Assistant Secretary	175 Broad Hollow Road Melville, New York 11747
Diane O'Meally	President, Accountants on Call	Park 80 West – Plaza II Garden State Pkwy. @I-80 9 th Floor Saddle Brook, New Jersey 07663
Scott Dow	President, Co-Counsel	16901 N. Dallas Parkway Suite 210 Dallas, Texas 75001