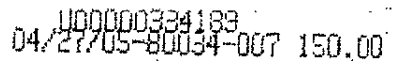
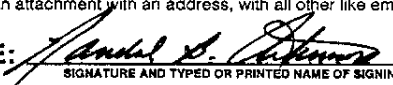


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P16706</b>			
1. Entity Name <b>SPHERION CORPORATION</b>			
Principal Place of Business <b>2050 SPECTRUM BLVD. FT. LAUDERDALE, FL 33309</b>		Mailing Address <b>2050 SPECTRUM BLVD FT LAUDERDALE, FL 33309 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03012005 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>36-3536544</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		 <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ATKINSON, RANDAL 2050 SPECTRUM BLVD FORT LAUDERDALE, FL 33309		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, MARK 2050 SPECTRUM BLVD FT LAUDERDALE, FL 33309		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRAUSE, ROY G 2050 SPECTRUM BLVD. FORT LAUDERDALE, FL 33309		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP IGLESIAS, LISA G 2050 SPECTRUM BLVD FORT LAUDERDALE, FL 33309		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <b>Randal Atkinson</b>		3/1/05 954-308-7600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	