


FILE NOW: FILING FEE IS \$61.25

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Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P27713** (7)  
1. Corporation Name  
**MANPOWER DEMONSTRATION RESEARCH CORPORATION**



Principal Place of Business <b>THREE PARK AVENUE, 32ND FLOOR NEW YORK NY 10016</b>	Mailing Address <b>THREE PARK AVENUE, 32ND FLOOR NEW YORK NY 10016</b>
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2. Principal Place of Business 21 <b>16 East 34th St.</b> Suite, Apt. #, etc. 22 <b>19th Floor</b> City & State 23 <b>New York, NY</b> Zip 24 <b>10016</b>	2a. Mailing Address 26 <b>16 East 34th St.</b> Suite, Apt. #, etc. 27 <b>19th Floor</b> City & State 28 <b>New York, NY</b> Zip 29 <b>10016</b>
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3. Date Incorporated or Qualified <b>01/16/1990</b>
4. FEI Number <b>23-7379473</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>GUERON, JUDITH M.</b>
STREET ADDRESS	<b>285 CENTRAL PARK WEST</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>IVRY, ROBERT J.</b>
STREET ADDRESS	<b>64 PARKWAY PLACE</b>
CITY-ST-ZIP	<b>KATONAH NY</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GRANGER, ROBERT C.</b>
STREET ADDRESS	<b>25 FAIRFIELD STREET</b>
CITY-ST-ZIP	<b>MONTCLAIR NJ</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GOLDMAN, BARBARA</b>
STREET ADDRESS	<b>6 ALBERT COURT</b>
CITY-ST-ZIP	<b>GREAT NECK NY</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PAGET, KAREN</b>
STREET ADDRESS	<b>788 COLUMBUS AVE.</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WALLACE, JOHN W.</b>
STREET ADDRESS	<b>1081 FILBERT STREET, #2</b>
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>SR VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Berlin, Gordon</b>
1.3 STREET ADDRESS	<b>197 Marlborough Road</b>
1.4 CITY-ST-ZIP	<b>Brooklyn, NY 11226</b>
2.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Bailey, Maxine</b>
2.3 STREET ADDRESS	<b>23 Brookdale Ave.</b>
2.4 CITY-ST-ZIP	<b>New Rochelle, NY 10801</b>
3.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Lynn, Suzanne</b>
3.3 STREET ADDRESS	<b>44 Butler Place #4F</b>
3.4 CITY-ST-ZIP	<b>Brooklyn, NY 11238</b>
4.1 TITLE	<b>Chairman of the Board (D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Reischauer, Robert</b>
4.3 STREET ADDRESS	<b>The Brookings Institution</b>
4.4 CITY-ST-ZIP	<b>1775 Mass. Ave., NW, Washington, DC 20036</b>
5.1 TITLE	<b>Treasurer of the Board (D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Paul H. O'Neill</b>
5.3 STREET ADDRESS	<b>ALCOA, 3024 Alcoa Bldg.,</b>
5.4 CITY-ST-ZIP	<b>425 Sixth Ave., Pittsburgh, PA 15219</b>
6.1 TITLE	<b>Sviridoff, Mitchell (D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>201 East 79th St. Apt. 3E</b>
6.3 STREET ADDRESS	<b>New York, NY 10021</b>
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Robert C. Granger**  
Sr Vice President 6/08/98 (212)532-3200

CR2E037 (10/97)