


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90001 046 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # P27713**

1. Corporation Name

**MANPOWER DEMONSTRATION RESEARCH CORPORATION**

Principal Place of Business

16 EAST 34TH STREET  
19TH FLOOR  
NEW YORK NY 10016  
US

Mailing Address

16 EAST 34TH STREET  
19TH FLOOR  
NEW YORK NY 10016  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/16/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-7379473	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SRVP	1.1 TITLE	President
NAME	BERLIN, GORDON	1.2 NAME	Gueron, Judith M.
STREET ADDRESS	197 MARLBOROUGH ROAD	1.3 STREET ADDRESS	285 Central Park West
CITY-ST-ZIP	BROOKLYN NY 11226	1.4 CITY-ST-ZIP	New York, NY
TITLE	VP	2.1 TITLE	Sr Vice President
NAME	BAILEY, MAXINE	2.2 NAME	Amadeo, Jesus M.
STREET ADDRESS	23 BROOKDALE AVENUE	2.3 STREET ADDRESS	16 E 34th St. 18th Fl.
CITY-ST-ZIP	NEW ROCHELLE NY 10801	2.4 CITY-ST-ZIP	New York, NY. 10016
TITLE	VP	3.1 TITLE	SVP
NAME	LYNN, SUZANNE	3.2 NAME	Ivry, Robert J.
STREET ADDRESS	44 BUTLER PLACE #4-F	3.3 STREET ADDRESS	51 Parkway Place
CITY-ST-ZIP	BROOKLYN NY 11238	3.4 CITY-ST-ZIP	Katonah, NY
TITLE	CD	4.1 TITLE	Sr Vice President
NAME	REISCHAUER, ROBERT	4.2 NAME	Granger, Robert C.
STREET ADDRESS	1775 MASS AVENUE N W	4.3 STREET ADDRESS	25 Fairfield St.
CITY-ST-ZIP	WASHINGTON DC 20036	4.4 CITY-ST-ZIP	Montclair, NJ
TITLE	TD	5.1 TITLE	Vice President
NAME	O'NEILL, PAUL H	5.2 NAME	Goldman, Barbara
STREET ADDRESS	ALCOA, 3024 ALCOA BLDG/425 SIXTH AVENUE	5.3 STREET ADDRESS	6 Albert Court
CITY-ST-ZIP	PITTSBURGH PA-15219	5.4 CITY-ST-ZIP	Great Neck, NY.
TITLE	D	6.1 TITLE	Vice President
NAME	SVIRIDOFF, MITCHELL	6.2 NAME	Paget, Karen
STREET ADDRESS	201 EAST 79TH STREET, APT 3-E	6.3 STREET ADDRESS	788 Columbus Avenue
CITY-ST-ZIP	NEW YORK NY 10021	6.4 CITY-ST-ZIP	New York, NY

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jesus M. Amadeo

07/07/99

(212) 532-3200

Sr Vice President

Daytime Phone #

CR2E037 (5/99)

0012756