

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 13 PM 5:25

DOCUMENT # P27713

1. Corporation Name

MANPOWER DEMONSTRATION RESEARCH CORPORATION

Principal Place of Business

Mailing Address

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

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/16/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

23-7379473

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
SRVP	BERLIN, GORDON	197 MARLBOROUGH ROAD	BROOKLYN NY 11226
VP P	BAILEY, MAXINE GUERON, JUDITH M.	23 BROOKDALE AVENUE 285 CENTRAL PARK WEST	NEW ROCHELLE NY 10804 NEW YORK, NY 10024
VP	LYNN, SUZANNE	44 BUTLER PLACE #4-F	BROOKLYN NY 11238
CD SVP	REISCHAUER, ROBERT AMADEO, JESUS M.	176 MASS AVENUE NW 15 KELLER LANE	WASHINGTON DC 20036 DOBBS FERRY, NY 10522
TD	O'NEILL, PAUL H	ALCOA, 3024 ALCOA BLDG/425 SIXTH	PITTSBURGH PA 15219
D	SVIRIDOFF, MITCHELL	201 EAST 79TH STREET, APT 3-E	NEW YORK NY 10021

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Jonathan R. Giddings*  
REGISTERED AGENT MUST SIGN

Jonathan R. Giddings  
Assistant Secretary

Date 10/12/2000

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Judith M. Gueron*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDITH M. GUERON  
PRESIDENT

10/12/00 (212) 532-3200

Date

Daytime Phone #