

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2001 8:00 am
Secretary of State

08-22-2001 90220 039 ****61.25

DOCUMENT # P27713

1. Entity 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-7379473

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SRVP BERLIN, GORDON 197 MARLBOROUGH ROAD BROOKLYN NY 11226 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BAILEY, JUDITH M 285 CENTRAL PARK WEST NEW YORK NY 10024 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LYNN, SUZANNE 44 BUTLER PLACE #4F BROOKLYN NY 11238 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP AMADEO, JESUS M 15 KELLER LANE DOBBS FERRY NY 10522 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD O'NEILL, PAUL H ALCOA, 3024 ALCOA BLDG/425 SIXTH AVENUE PITTSBURGH PA 15219 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SVIRIDOFF, MITCHELL 201 EAST 79TH STREET, APT 3-E NEW YORK NY 10021 | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT GUERON, JUDITH M. 285 CENTRAL PARK WEST NEW YORK, NY 10024 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BOARD CHAIRMAN SOLOW, ROBERT MIT, Department of Economics, E52-383B 77 Massachusetts Ave NW, Cambridge, MA 02139 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Penner, Rudolph, Treasurer The Urban Institute, 2100 M Street NW Washington, DC 20037 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 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 617, 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: _____

Jesus M. Amadeo, SVP
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/10/01 (212) 340-8869

CR2E037 (5/01)