

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. 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)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SRVP** ☐ Delete
 NAME **BERLIN, GORDON**
 STREET ADDRESS **197 MARLBOROUGH ROAD**
 CITY-ST-ZIP **BROOKLYN NY 11226**

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **GUERON, JUDITH M.**
 STREET ADDRESS **285 CENTRAL PARK WEST**
 CITY-ST-ZIP **NEW YORK, NY 10024**

TITLE **P** ☒ Delete
 NAME **BAILEY, JUDITH M**
 STREET ADDRESS **285 CENTRAL PARK WEST**
 CITY-ST-ZIP **NEW YORK NY 10024**

TITLE **BOARD CHAIRMAN** ☐ Change ☒ Addition
 NAME **SOLOW, ROBERT**
 STREET ADDRESS **MIT, Department of Economics, E52-383B**
 CITY-ST-ZIP **77 Massachusetts Ave NW, Cambridge, MA 02139**

TITLE **VP** ☐ Delete
 NAME **LYNN, SUZANNE**
 STREET ADDRESS **44 BUTLER PLACE #4F**
 CITY-ST-ZIP **BROOKLYN NY 11238**

TITLE **Penner, Rudolph, Treasurer** ☐ Change ☒ Addition
 NAME **The Urban Institute, 2100 M Street NW**
 STREET ADDRESS **Washington, DC 20037**

TITLE **SVP** ☐ Delete
 NAME **AMADEO, JESUS M**
 STREET ADDRESS **15 KELLER LANE**
 CITY-ST-ZIP **DOBBS FERRY NY 10522**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **O'NEILL, PAUL H**
 STREET ADDRESS **ALCOA, 3024 ALCOA BLDG/425 SIXTH AVENUE**
 CITY-ST-ZIP **PITTSBURGH PA 15219**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **SVIRIDOFF, MITCHELL**
 STREET ADDRESS **201 EAST 79TH STREET, APT 3-E**
 CITY-ST-ZIP **NEW YORK NY 10021**

TITLE ☐ Change ☐ Addition
 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)(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:

Jesús M. Amadeo, SVP

8/10/01 (212) 340-8869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)