

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90633 031 ****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

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 **Director** ☐ Change ☒ Addition
NAME **Jan Nicholson**
STREET ADDRESS **419 East 50th Street**
CITY-ST-ZIP **New York, NY 10022**

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

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

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

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

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 **BC** ☐ Delete
NAME **SOLOW, ROBERT**
STREET ADDRESS **77 MASSACHUSETTS, AVENUE NW**
CITY-ST-ZIP **CAMBRIDGE MA 02139**

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

TITLE **D** ☐ Delete
NAME **PENNER, RUDOLPH**
STREET ADDRESS **THE URBAN INSTITUTE, 2100 M ST. NW**
CITY-ST-ZIP **WASHINGTON DC 20037**

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, and all other like empowered.

SIGNATURE:

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

Sr Vice President

4/22/02

(212) 340-8689

CR2E037 (9/01)