

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P37891 (9)

1. Corporation Name

TMP WORLDWIDE INC.



Principal Place of Business

1633 BROADWAY  
NEW YORK NY 10019

Mailing Address

1633 BROADWAY  
NEW YORK NY 10019

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCKELVEY, ANDREW J.	
STREET ADDRESS	1633 BROADWAY	
CITY- ST- ZIP	NEW YORK NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOSOKAWA, DAVID	
STREET ADDRESS	1633 BROADWAY	
CITY- ST- ZIP	NEW YORK NY	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	COLLISON, THOMAS G.	
STREET ADDRESS	1633 BROADWAY	
CITY- ST- ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EISLE, GEORGE	
STREET ADDRESS	1633 BROADWAY	
CITY- ST- ZIP	NEW YORK NY	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	HAZELL, BERNICE	
STREET ADDRESS	1633 BROADWAY	
CITY- ST- ZIP	NEW YORK NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROONEY, NANCY	
STREET ADDRESS	1633 BROADWAY	
CITY- ST- ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PIDC	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Harold Levy	
4.3 STREET ADDRESS	1433 Broadway, 3rd Fl.	
4.4 CITY- ST- ZIP	NY NY 10019	
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

4/15/96

Date

212 977-4200

Daytime Phone #

CR2E034 (12/95)