

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105331

1. Entity Name

TMP WORLDWIDE SEARCH, INC.

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90223 021 ***150.00

Principal Place of Business	Mailing Address
1633 BROADWAY, 33RD FLOOR NEW YORK NY 10019-0468	1633 BROADWAY, 33RD FLOOR NEW YORK NY 10019-6708

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	59-3547281	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALBRIGHT, PHILIP R
SUITE 200E, NORTHDAL PLAZA
3903 NORTHDAL BLVD.
TAMPA FL 33624

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	MCKELVEY, ANDREW J	
STREET ADDRESS	1633 BROADWAY, 33RD FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	V	<input type="checkbox"/> Delete
NAME	OLESNYCKYJ, MYRON	
STREET ADDRESS	1633 BROADWAY, 33RD FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/16/00 Daytime Phone #: 7908614

CR2E034 (9/99)

Attachment Doc # P98000105331
A0074080

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

1 LA BUS. REPORT

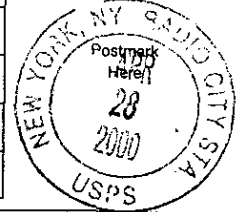
Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$



Name (Please Print Clearly) (to be completed by mailer)

Street, Apt. No., or P.O. Box No.

City, State, ZIP+4

PS Form 3800, July 1999

See Reverse for Instructions

0826 4596 E000 004E 6602

NY - TAX DEPT.
1633 BROW 12371.
NYC NY 10019

Attachment Doc # 998000105331
A0074080

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

(D) Uniform Business Reps
DIV of CORP
PO Box 1500
Tallahassee FL
32302-1500

2. Article Number (Copy from service label)

7099-34w-D00336549280

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

☒ Agent

☐ Addressee

☐ Yes

☐ No

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

☐ Certified Mail

☐ Registered

☐ Insured Mail

☐ Express Mail

☐ Return Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



TMP WorldwideSM

Attachment Doc # P98000105

33

A0074086

Certified Mail # 7099 3400 0003 3654 8597

August 14, 2000

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: **TMP Worldwide Search Inc.**
2000 Florida Uniform Business Report
Document # P98000105331

Gentlemen:

TMP Worldwide Search Inc. filed its 2000 Florida Uniform Business Report together with the annual filing fee of \$150 on April 28, 2000 via certified mail (item # 7099 3400 3654 9280), copy attached. For some unexplained reason, it appears that the company's filing went unopened in Florida after having gone through the postal system and was returned to the company as though it was an undeliverable piece of mail with no explanation from either State or the Postal Service.

As a result of this inaction, TMP Worldwide Search Inc. is resubmitting its 2000 Florida Uniform Business Report together with our check in the amount of \$150.00. The company respectfully requests that no additional penalty be assessed in this case since every effort was made by the company to comply with the filing deadline of May 1, 2000. In addition our request for a return receipt was not honored and no explanation of why the report was returned was given to the company.

Attached is a copy of the original certified mail receipt, showing a mailing date of April 28, 2000 as well as the envelope with cancelled postage and the return receipt with strike marks through it.

If you have any questions or need additional information, please feel free to contact me at (212) 351-7137.

Very Truly Yours


Joseph K. Collins
Tax Senior