

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90144 044 ***158.75

041834

DOCUMENT # P98000105331

1. Entity Name

TMP WORLDWIDE SEARCH, INC.

Principal Place of Business

1633 BROADWAY, 33RD FLOOR
NEW YORK NY 10019-0468

Mailing Address

1633 BROADWAY, 33RD FLOOR
NEW YORK NY 10019-0468

2. Principal Place of Business

622 THIRD AVENUE
Suite, Apt. #, etc.
38 FLOOR

3. Mailing Address

622 THIRD AVENUE
Suite, Apt. #, etc.
38 FLOOR

City & State

NEW YORK, NY

City & State

NEW YORK, NY

Zip

10017

Country

Zip

10017

Country

4. FEI Number

59-3547281

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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

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

(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, 2001 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** ☐ Delete
NAME **MCKELVEY, ANDREW J**
STREET ADDRESS **1633 BROADWAY, 33RD FLOOR**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **V** ☐ Delete
NAME **OLESNYCKYJ, MYRON**
STREET ADDRESS **1633 BROADWAY, 33RD FLOOR**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

Myron Olesnycky

MYRON OLESNYCKYJ

1/9/01

(212) 351-7026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)