REFERENCE

683659

7224807

500004687065--0

DIVISION OF CERPONATION

COST LIMIT \$ 35.00

ORDER DATE: September 27, 2001

ORDER TIME : 10:0 AM

ORDER NO. : 683659-555

CUSTOMER NO: 7224807

CUSTOMER: Mr. Robert E. Buccarelli

Tmp Worldwide, Inc. 622 Third Avenue

39th Floor

New York, NY 10017

CHANGE OF AGENT

NAME:

TMP WORLDWIDE SEARCH, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

_ PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams -- EXT# 1131

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 6 the undersigned corporation organized under the laws of the Si	ate of Florida
submits the following statement in order to change its register the State of Florida.	ed office or registered agent, or both, in
1. The name of the corporation : TMP WORLDWIDE SEARCH, INC	<u> </u>
	·
2. The mailing address of the corporation: 1633 Broadway, 3:	3rd Floor, New York, NY 10019-0468
3. Date of incorporation/qualification: 12/18/1988	Document number: P98000105331
4. The name and address of the current registered agent and offi	ce:
Philip R. Albright	<u> </u>
Suite 200E, Northdale Plaza	
Tampa, FL 33624	O1 SEC TALL
5. The name and address of the new registered agent (if changed (P. O. Box Not Acceptable)	
Corporation Service Company	
1201 Hays Street	FLCO
Tallahassee, Florida 32301	ATE RIDA
The street address of its registered office and the street address agent, as changed, will be identical.	of the business office of its registered
Such change was authorized by resolution duly adopted by its authorized by the board.	board of directors or by an officer so
Fren atupe	11/14/2001
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Linda Ratchford, Vice President (Printed or typed name and title)	<u> </u>
Having been named as registered agent and to accept service of corporation, I hereby accept the appointment as registered age I further agree to comply with the provisions of all statutes releptormance of my duties, and I am familiar with and accept the registered agent.	of process for the above stated ent and agree to act in this capacity. It is to the proper and complete are obligation of my position as
(Signature of Registered Agent)	(Date) (15.300/
If signing on behalf of an entity:	
Carol K. Dolor (Typed or Printed Name)	Asst. Vice President (Capacity)
(Capacity)	
* * * FILING FEE: \$35.00 * * *	

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314