2001 UNIFORM BUSINESS REPORT (UBR) FILED May 16, 2001 8:00 am Secretary of State DOCUMENT # P99000003941 1. Entity Name LAI COMPASS, INC. 05-16-2001 90198 012 ***158.75 Principal Place of Business Mailing Address 3903 NORTHDALE BLVD 622 THIRD AVE 656990 NORTHDALE PLAZA, STE 200E 38 FI TAMPA FL 33624 NEW YORK NY 10017 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 36-4274610 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALBRIGHT, PHILIP R Street Address (P.O. Box Number is Not Acceptable) 3903 NORTHDALE BLVD NORTHDALE PLAZA, STE 200E **TAMPA FL 33624** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (10/00) ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME MCDONNELL, PATRICK J STREET ADDRESS STREET ADDRESS 225 WEST WACKER DR. STE 2100 CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60606 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ALBRIGHT, PHILIP STREET ADDRESS STREET ADDRESS 3903 NORTHDALE BLVD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME OLESNYCKYJ, MYRON STREET ADDRESS STREET ADDRESS 622 THIRD AVE, 39 FL CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10017 ☐ Change ☐ Addition Delete TITI F TITLE NAME NAME TREACY, JAMES STREET ADDRESS STREET ADDRESS 622 THIRD AVE, 39 FL CITY-ST-ZIP CITY-ST-ZIP <u>NEW YORK NY 10017.</u> ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME CATALANE, BART STREET ADDRESS STREET ADDRESS 622 THIRD AVE. 39 FL CITY-ST-ZIP CITY-ST-7IP NEW YORK NY 10017 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

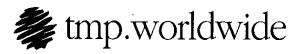
Date

Daytime Phone #

Attachumt 656990 Doc# P9900003941

ANNUAL REPORT OFFIDCER/DIRECTOR LIST TAX PERIOD ENDING DECEMBER 31, 2000

Name	Title	Address
Andrew McKelvey Dave Trapani Tom Collison	President Treasurer Secretary	c/o TMP Worldwide Inc., 622 Third Avenue, New York, NY 10017 c/o TMP Worldwide Inc., 622 Third Avenue, New York, NY 10017 c/o TMP Worldwide Inc., 622 Third Avenue, New York, NY 10017
Adrew McKelvey James Treacy George Eisele John Swann Ronald Kramer	Director Director Director Director Director	c/o TMP Worldwide Inc., 622 Third Avenue, New York, NY 10017 c/o TMP Worldwide Inc., 622 Third Avenue, New York, NY 10017 600 International Dirve, Mt. Olive, NJ 07828 134 Front Street East, Toronto, ON M5A 4N3 31 West 52nd Street, New York, NY 10019



Attachment 656990 DOCH P9900003941

Certified Mail/Return Receipt 7105 0471-7458 0000 0261

April 30, 2001

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: LAI Compass, Inc.

Gentlemen:

Enclosed please find the 2001 Uniform Business Report for LAI Compass, Inc. FEIN 36-427610 and a check in the amount of \$158.75 as payment for the annual fee of \$150.00 and Certificate of Status fee of \$8.75.

If you have any questions please feel free to contact me at 212 351 7105. Thank you for your help in this matter.

Sincerely yours

Laura Sanchez Tax Specialist

Enc: 2

File: S\laura\FL 2001 Annual Report