


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90012 004 \*\*\*150.00

**DOCUMENT #** F96000006530  
1. Entity Name  
**MONSTER WORLDWIDE, INC.**



**DO NOT WRITE IN THIS SPACE**

**44015497**

2. Principal Place of Business  
**622 THIRD AVENUE**  
Suite, Apt. #, etc.  
**38TH FLOOR**

3. Mailing Address  
**622 THIRD AVENUE**  
Suite, Apt. #, etc.  
**38TH FLOOR**

DO NOT WRITE IN THIS SPACE

City & State  
**NEW YORK, NY**

City & State  
**NEW YORK, NY**

4. FEI Number **13-3906555** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Zip **10017** Country

Zip **10017** Country

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**CORPORATION SERVICE COMPANY**

Street Address (P.O. Box Number is Not Acceptable)

**1201 HAYS STREET**

City **TALLAHASSEE** **FL** Zip Code **32301-0000**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**January 1 - May 1 Fees \$150.00**  
**After May 1, Fees \$550.00**  
**Amended UBR is \$64.25**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	<b>CEO/CHAIRMAN OF THE BOARD</b>	TITLE	<b>ANDREW MCKELVEY</b>	<b>622 THIRD AVENUE, 39 FLOOR</b>	<b>NEW YORK, NY 10017</b>
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>SECRETARY</b>	TITLE	<b>MYRON OLESNYCKYJ</b>	<b>622 THIRD AVENUE, 29 FLOOR</b>	<b>NEW YORK, NY 10017</b>
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>DIRECTOR</b>	TITLE	<b>GEORGE EISELE</b>	<b>600 INTERNATIONAL DRIVE</b>	<b>MT. OLIVE, NJ 07828</b>
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>DIRECTOR</b>	TITLE	<b>RONALD KRAMER</b>	<b>31 WEST 52 STREET, 27 FLOOR</b>	<b>NEW YORK, NY 10017</b>
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>DIRECTOR</b>	TITLE	<b>JOHN SWANN</b>	<b>184 FRONT STREET EAST, #201</b>	<b>TORONTO, ON M5A 4N3</b>
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<b>DIRECTOR</b>	TITLE	<b>DAVID STEIN</b>	<b>9009 RENGENCY SQUARE BOULEVARD</b>	<b>JACKSONVILLE, FL 32211</b>
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **3/1/04** **(212) 351-7189**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)