
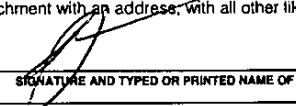


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90147 028 \*\*\*150.00

<b>DOCUMENT # F9600006530</b>					
1. Entity Name MONSTER WORLDWIDE, INC.					
Principal Place of Business 622 THIRD AVENUE 38TH FLOOR NEW YORK, NY 10017 US			Mailing Address 622 THIRD AVENUE 38TH FLOOR NEW YORK, NY 10017 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-0000				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEOD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKELVEY, ANDREW J		NAME		
STREET ADDRESS	622 THIRD AVENUE, 39TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREACY, JAMES J		NAME		
STREET ADDRESS	622 THIRD AVENUE, 39TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISELE, GEORGE R		NAME	EISELE, GEORGE	
STREET ADDRESS	622 THIRD AVENUE, 39TH FLOOR		STREET ADDRESS	600 INTERNATIONAL DRIVE	
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP	MT OLIVE, NJ 07828	
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLESNYCKYJ, MYRON		NAME		
STREET ADDRESS	622 THIRD AVENUE, 39TH FL		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, PATRICK		NAME		
STREET ADDRESS	622 THIRD AVENUE, 38TH FL		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAPANI, DAVID		NAME	TRAPANI, DAVID	
STREET ADDRESS	622 3RD AVE 38TH FL		STREET ADDRESS	622 THIRD AVE 39 FL	
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP	NEW YORK, NY 10017	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		ANDREW MCKELVEY		4/5/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	