


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90001 015 \*\*\*150.00

**DOCUMENT # F96000006530**

1. Entity Name  
**MONSTER WORLDWIDE, INC.**



**40101935**



08022006 Chg-P CR2E034 (11/05)

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 622 Third Avenue Suite, Apt. #, etc. 39th Floor City & State New York NY Zip 10017 Country US		3. Mailing Address 622 Third Avenue Suite, Apt. #, etc. 39th Floor City & State New York NY Zip 10017 Country US	

4. FEI Number 13-3906555	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-0000	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD MCKELVEY, ANDREW J 622 THIRD AVENUE, 39TH FLOOR NEW YORK, NY 10017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Charles Baker 622 Third Avenue, 39th Floor New York, NY 10017 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISELE, GEORGE R 600 INTERNATIONAL DR MT OLIVE, NJ 07828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ronald Kramer 31 West 52nd Street, 27th Fl New York, NY 10019 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS OLESNYCKYJ, MYRON 622 THIRD AVENUE, 39TH FL NEW YORK, NY 10017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Swann 84 Front Street West #201 Toronto, ON M5A 4N3 (Canada) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRAPANI, DAVID 622 THIRD AVE, 39 FLR NEW YORK, NY 10017 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Gauding 50 Vermont Street San Francisco, CA 94105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Kaufman 2600 Camino Hermano Room 4CS 100 San Ramon, CA 94583 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Stein 909 Regency Square Boulevard Jacksonville FL 32211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/2006 (212) 351-7000  
 Date Daytime Phone #