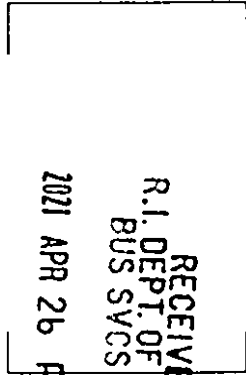




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



Application for Certificate of Withdrawal
FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-1412 and 7-1.2-1413, the undersigned corporation hereby applies for a Certificate of Withdrawal from the State of Rhode Island, and for that purpose submits the following statement:

| | |
|--|---|
| 1. Entity ID Number: 000080317 | 2. The name of the corporation is: ADECCO STRATEGIC ALLIANCES, INC. |
| 3. It is incorporated under the laws of: NEW YORK | |
| 4. The corporation is not transacting business in this state and surrenders its authority to transact business in this state. | |
| 5. It revokes the authority of its registered agent in this state to accept service of process, and consents that service of process in any action, suit, or proceeding based upon any cause of action arising in this state during the time the corporation was authorized to transact business in this state may subsequently be made on the corporation by service thereof on the Department of State of the State of Rhode Island. | |
| 6. The post office address to which the Department of State may mail a copy of any service of process against the corporation that is served on the Department of State: 10151 DEERWOOD PARK BLVD. 200, ste 400, Jacksonville, FL 32256 | |
| 7. As required by RIGL <u>7-1.2-1413</u> , the corporation has paid all fees and taxes. RI Division of Taxation's ORIGINAL letter of good standing (LOGS) for the purpose of withdrawal MUST accompany this form. | |
| 8. If the corporation is in the hands of a receiver or trustee, this Application for Certificate of Withdrawal must be executed on behalf of the corporation by the receiver or trustee. | |
| 9. Date when this certificate of withdrawal will be effective: CHECK ONE BOX ONLY | |
| <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____ | |
| Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Withdrawal, including any accompanying attachments, and that all statements contained herein are true and correct. | |
| Type or Print Name of Authorized Officer BRAD MACDONALD | Date 04/18/2021 |
| Signature of Authorized Officer of the Corporation <i>Brad MacDonald</i> | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FILED
 APR 26 2021
 BY *[Signature]* BICYF
 FORM 154 - Revised: 01/2019
 12:17



STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION
DIVISION OF TAXATION
ONE CAPITOL HILL
PROVIDENCE, RI 02908

ADECCO STRATEGIC ALLIANCES INC
ATTN: GERALD ROBINSON
10151 DEERWOOD PARK BLVD, BLDG 200, STE 400
JACKSONVILLE, FL 32256-0566

80317

LETTER OF GOOD STANDING

It appears from our records that ADECCO STRATEGIC ALLIANCES INC has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. ADECCO STRATEGIC ALLIANCES INC is in good standing with the Rhode Island Division of Taxation as of 08/20/2020. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

This letter is issued pursuant to the request of the above-named corporation for the purpose of:

WITHDRAWAL FOR SECRETARY OF STATE

This letter of good standing is valid only for the specific reason listed above and is not valid for any other reason(s).

Very truly yours,

CHRISTINE GIRARD
Supervising Revenue Officer

Neena Savage
Tax Administrator

133692806:16615545
DLN: 10008552057



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

April 26, 2021 12:17 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

