

1.) CORPORATION NAME:

**Monster Worldwide, Inc.**

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1344904**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000,000
COMB	39,000,000
PREFER	800,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 622 THIRD AVE 39 FL  
ATTN. ANDREW BURCHILL

CITY/ST/ZIP: NEW YORK, NY 10017

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	SALVATORE IANNUZZI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO/COB		
ADDRESS:	622 THIRD AVE 39 FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		

NAME:	TIMOTHY T YATES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	622 THIRD AVE 39 FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		

NAME:	MICHAEL C MILLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	622 THIRD AVENUE 39TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		

NAME:	JAMES M LANGROCK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	622 THIRD AVE 39 FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		

NAME:	JOHN GAULDING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	622 THIRD AVE 39 FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		

NAME:	EDMUND P GIAMBASTIANI, JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	622 THIRD AVE 39 FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10017		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CYNTHIA P MCCAGUE DIRECTOR 622 THIRD AVE 39 FL NEW YORK, NY 10017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY F RAYPORT DIRECTOR 622 THIRD AVE 39 FL NEW YORK, NY 10017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERTO TUNIOLI DIRECTOR 622 THIRD AVE 39 FL NEW YORK, NY 10017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MICHAEL C MILLER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL C MILLER, SECRETARY PRINTED NAME AND CORPORATE TITLE	10/8/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			