

2002 UNIFORM BUSINESS REPORT (UBR)

0020304 AB

DOCUMENT # **B0T000000317**

1. Entity Name
ADMINISTAFF COMPANIES II, L.P.

FILED

02 MAY 15 PM 2:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**19001 CRESCENT SPRINGS DRIVE
KINGWOOD TX 77339-3802**

Mailing Address
**19001 CRESCENT SPRINGS DRIVE
KINGWOOD TX 77339-3802**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number
76-0689539

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$8,750.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$0.00**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F96000002513	STREET ADDRESS	
NAME	ADMINISTAFF COMPANIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	19001 CRESCENT SPRINGS DRIVE		
CITY-ST-ZIP	KINGWOOD TX 77339-3802		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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****144.75 ****144.75**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **John H. Spurgin, II, Secretary, 4/19/02, (281) 348-3251**

CR2E003 (9/01)