

2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004

DOCUMENT # B01000000317

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



FILED

04 APR 30 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

City & State

City & State

Zip

Country

Zip

Country

04222004

Chg-LP

CR2E003 (10/03)

4. FEI Number
76-0689539

Applied For
Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$8,750.00

10. Amount of Capital Contributions
in FLORIDA to date.

0

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
NAME ADMINISTAFF COMPANIES, INC.
STREET ADDRESS 19001 CRESCENT SPRINGS DRIVE
CITY-ST-ZIP KINGWOOD, TX 773393802

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

John H. Spurgin, II

4-28-04

281/358-8986

Date

Daytime Phone #

Secretary of Administaff Companies, Inc., General Partner

STAPLE CHECK HERE