

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

APPROVE  
AND  
FILED

04 MAY -4 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # B02000000282**

1. Entity Name  
**POTOMAC PERSONNEL SERVICES, L.P.**



Principal Place of Business  
**177 CROSSWAYS PARK DRIVE  
WOODBURY, NY 11797**

Mailing Address  
**177 CROSSWAYS PARK DRIVE  
WOODBURY, NY 11797**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

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. 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: **\$0.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 # **M99000000142**  
NAME **RANDSTAD GENERAL PARTNER (US), LLC**  
STREET ADDRESS **177 CROSSWAYS PARK DRIVE**  
CITY-ST-ZIP **WOODBURY, NY 11797**

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**500036553345**  
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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

Date

Daytime Phone #

*Robert Calabro, VP Tax for*  
*Randstad General Partner (US) LLC 4/21/04 (516) 582-1400*

STAPLE CHECK HERE