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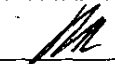
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/30/03--01067--018 **141.25

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B02000000423					
1. Entity Name PL SERVICES, L.P.					
Principal Place of Business 1013 CENTRE RD WILMINGTON, DE 19805			Mailing Address 177 CROSSWAYS PARK DR WOODBURY, NY 11797		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 58-2472513					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2625			7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable.					
9. Capital Contributions as Shown on record: \$10.00			10. Amount of Capital Contributions in FLORIDA to date.		
11. MAKE CHECK PAYABLE TO FL 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 #	M99000000142		STREET ADDRESS		
NAME	RANDSTAD GENERAL PARTNER (US) L.L.C.		CITY - ST - ZIP		
STREET ADDRESS	177 CROSSWAYS PARK DR				
CITY - ST - ZIP	WOODBURY, NY 11797				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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: 			ROBERT CANABAO, VP TAX FOR RANDSTAD GENERAL PARTNER (US) LLC		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date _____ Daytime Phone # _____		

STAPLE CHECK HERE

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