

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

DOCUMENT # B03000000269

1. Entity Name  
ADMINISTAFF RETIREMENT SERVICES, L.P.



FILED

04 APR 30 PM 12: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04222004 Chg-LP CR2E003 (10/03)

4. FEI Number  
56-2375265

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

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 title if applicable.

9. Capital Contributions  
as Shown on record, \$495.00

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 # F98000006037  
NAME ADMINISTAFF OF TEXAS, INC.  
STREET ADDRESS 19001 CRESCENT SPRINGS DRIVE  
CITY-ST-ZIP KINGWOOD, TX 773393802

STREET ADDRESS  
CITY-ST-ZIP

700036482387  
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STREET ADDRESS  
CITY-ST-ZIP

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 of Texas, Inc., General Partner

STAPLE CHECK HERE