

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 DEC 31 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

Administaff Services, L.P.

1a. DOCUMENT #

B98000000637

Mailing Address

19001 Crescent Springs Drive  
Kingwood, Texas 77339

Principal Office Address

19001 Crescent Springs Drive,  
Kingwood, Texas 77339

3. Date Formed or Registered

10/29/98

5a. Capital Contributions as  
Shown on record.

0

3a. Date of Last Report

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

0

4. State or Country of Formation

Delaware

2. Mailing Address

19001 Crescent Springs Drive

2a. Principal Office Address

19001 Crescent Springs Drive

Suite, Apt. #, etc.

Kingwood, Texas

Suite, Apt. #, etc.

Kingwood, Texas

City & State

77339 USA

City & State

77339 USA

Zip

Country

Zip

Country

6. FEI Number

76-0584087

☐ Applied For  
☒ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

CT Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

Administaff of Texas, Inc.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

19001 Crescent Springs Drive

11b. City, State & Zip Code

Kingwood, Texas 77339

11c. Registration/  
Document Number

F98000006037

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-01/21/99--01050--025  
\*\*\*\*141.25 \*\*\*\*141.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

12/30/98

Typed or Printed Name of General Partner Signing Form

Administaff of Texas, Inc.

Daytime Telephone Number

CR2E003 (8/98)