

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000637

1. Entity Name

ADMINISTAFF SERVICES, L.P.

APPROVED
AND
FILED

00 MAR 29 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/5



DO NOT WRITE IN THIS SPACE

Principal Place of Business

19001 CRESCENT SPRINGS DRIVE
KINGWOOD TX 77339

Mailing Address

19001 CRESCENT SPRINGS DRIVE
KINGWOOD TX 77339-3802

2. Principal Place of Business

19001 Crescent Springs Dr.

3. Mailing Address

19001 Crescent Springs Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kingwood, TX

City & State

Kingwood, TX

4. FEI Number

76-0584087

Applied For

Not Applicable

Zip

77339-3802

Country

USA

Zip

77339-3802

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$0.00

11. MAKE CHECK PAYABLE TO 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

DOCUMENT # F980000006037
NAME ADMINISTAFF OF TEXAS, INC.
STREET ADDRESS 19001 CRESCENT SPRINGS DRIVE
CITY - ST - ZIP KINGWOOD TX 77339

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

600003204746-0
-04/11/00--01137--015
****141.25 ****141.25

DOCUMENT #
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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

John H. Spurgin, II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

John H. Spurgin, II, Secretary 3/17/00 (281)348-3251

Date

Daytime Phone #

CR2E003 (9/99)