

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019033 AB

DOCUMENT # **B98000000637**

1. Entity Name

**ADMINISTAFF SERVICES, L.P.**

FILED

01 APR 27 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>19001 CRESCENT SPRINGS DRIVE KINGWOOD TX 77339-3802</b>	Mailing Address <b>19001 CRESCENT SPRINGS DRIVE KINGWOOD TX 77339-3802</b>
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2. Principal Place of Business <b>19001 Crescent Springs Dr.</b>	3. Mailing Address <b>19001 Crescent Springs Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Kingwood, Texas</b>	City & State <b>Kingwood, Texas</b>	4. FEI Number <b>76-0584087</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>77339-3802</b>	Country <b>USA</b>	Zip <b>77339-3802</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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 \_\_\_\_\_ (NO E-Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$0.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$0.00</b>	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	<b>F980000006037</b>
NAME	<b>ADMINISTAFF OF TEXAS, INC.</b>
STREET ADDRESS	<b>19001 CRESCENT SPRINGS DRIVE</b>
CITY-ST-ZIP	<b>KINGWOOD TX 77339</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *John H. Spurgin, II* **John H. Spurgin, II, Secretary 4/20/01 (281) 348-3251**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E0003 (11/00)