

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B990000000056			
1. Entity Name MINDSHARP LEARNING CENTERS, L.P.			
Principal Place of Business 2015 SOUTH PARK PLACE ATLANTA GA 30339		Mailing Address 2015 SOUTH PARK PLACE ATLANTA GA 30339-2089	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		177 CROSSWAYS PARK DRIVE	
City & State		Suite, Apt. #, etc.	
City & State		City & State	
WOODBURY NY		WOODBURY NY	
Zip	Country	Zip	Country
11797	USA	11797	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
9. Capital Contributions as Shown on record.		10. Amount of Capital Contributions in FLORIDA to date.	
\$999.00		\$999.00	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M99000000142	STREET ADDRESS	
NAME	RANDSTAD GENERAL PARTNER (US) LLC	CITY - ST - ZIP	
STREET ADDRESS	2015 SOUTH PARK PLACE		
CITY - ST - ZIP	ATLANTA GA 30339		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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CITY - ST - ZIP			

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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: *mk* **ROBERT CALABRO, VP-TAXES** *4/2/00* **(516)682-1400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **FOR RANDSTAD GENERAL PARTNER (US) LLC** Date Daytime Phone #