2001	UNIFORM	BUSI	NESS REPO	RT	(UBR)		_	
DOCUMENT # B9900000057  1. Ehtity Name							(ve	
RANDSTAD US, L.P.						FILED		
Principal Place of Business 2015 SOUTH PARK PLACE ATLANTA GA 30339			Mailing Address 2015 SOUTH PARK PLACE ATLANTA GA 30339-208)			OLAPR 27 PM 3: 53  SECRETARY OF STATE TALLAHASSEF, FLORIDA		
<u> </u>	Place of Business							
Suite, Apt. #, etc.  City & State						DO NOT WRITE IN THIS SPACE  4. FEI Number Applied For		
Zip Country			City & State WOODBURY,		WYORK	58-2414177 Not A	pplicable	
			Zip /1797	Cour	USA	5. Certificate of Status Desired	inal	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name			
CORPORATION SERVICE COMPANY 1201 HAYS STREET					Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525								
					City FL Zip Code egistered office or registered agent, or both, in the State of Florida.			
9. Capital Co as Shown	A GENERAL P NOTE: General Pa	5999.00 ARTNER TH	10. Amount of Capit in FLORIDA to d	I Contrit ite TITY M e form	UST BE REGIST	TERED AND ACTIVE WITH THIS OFFICE.  ADDRESS CHANGES ONLY		
DOCUMENT // NAME STREET ADDRESS CITY-ST-ZIP	M9900000142 RANDSTAD GENERA PARTNER (US) LLC 2015 SOUTH PARK PLACE ATLANTA GA 30339			1	ET ADDRESS - ST - ZIP			
DOCUMENT#	1			STRE	ET ADDRESS	800004217828-	r'	
STREET ADDRESS CITY-ST-ZIP		·	, 	any	-ST-ZIP	-057157010110201 ****141.25 ****141		
DOCUMENT#			-	STRE	ETADORESS			
STREET ADDRESS CITY-ST-ZIP				CITY	-\$T-ZIP	_		
DOCUMENT# NAME				STRE	ET ADORESS			
STREET ADDRESS CITY-ST-ZIP			٠	CITY	-\$T- <b>ZI</b> P			
DOCUMENT#				STRE	ET ADORESS			
STREET ADDRESS				спу-	-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP   1			######################################	СПУ	: 1 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Control of the Contro		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(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 second of the product of the product of the control of the con								
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SKINING GENERAL PARTNER  SIGNATURE AND TYPED OR PRINTED NAME OF SKINING GENERAL PARTNER  Date  Date  Date  Date  Date  Descriptions of States of States of States of States of Skining General Partner  SIGNATURE AND TYPED OR PRINTED NAME OF SKINING GENERAL PARTNER  Date  Dat								