| DOCUMENT # B9900000101 1. Entity Name STAFFING RESOURCES (SC), L.P. Principal Place of Business Mailing Address 2015 SOUTH PARK PLACE 2015 SOUTH PARK PLACE ATLANTA GA 30339 ATLANTA GA 30339-2089 2. Principal Place of Business 3. Mailing Address 1. T7 Crossways Park Drive 177 Crossways Park Drive | (11,55-16 AF |
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| Principal Place of Business' Malling Address 2015 SOUTH PARK PLACE 2015 SOUTH PARK PLACE ATLANTA GA 30339 ATLANTA GA 30339-2089 2. Principal Place of Business 3. Mailing Address | |
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| 2015 SOUTH PARK PLACE 2015 SOUTH PARK PLACE ATLANTA GA 30339 ATLANTA GA 30339-2089 2. Principal Place of Business 3. Mailing Address | |
| | |
| 177 Crosswave Park Drive | (1 0) (00) |
| Suite, Apt. #, etc. 'Woodbury, NY 11797 DO NOT WRITE IN THIS SPACE | |
| City & State City & State 4. FEI Number 58-2426258 Not Applied | d For plicable |
| Zip Country Zip Country 5. Certificate of Status Desired Status Desired \$8.75 Addition Fee Required | al |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name | |
| CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET | · _ · · · · |
| TALLAHASSEE FL 32301-2525 | |
| 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. \$999.00 10. Amount of Capital Contributions in FLORIDA to date. 999.00 11. MAKE CHECK PAYABLE TO DEPT. OF STU SEE REVERSE SIDE FOR FEE INFORMAT | |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. | |
| 12. (a) Solidation (VCL) GENERAL PARTNER INFORMATION (A) | |
| NAME RANDSTAD GENERAL PARTNER (US) LLC STREET ADDRESS 2015 SOUTH PARK PLACE CTTY-ST-ZP | ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, , ,, ,, , , , |
| CITY-ST-ZP):// ATLANTA GA 30339 | -1 " |
| NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP | |
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| DOCUMENT # STREET ADDRESS | |
| 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 | nation ership or |
| 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 partnet the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes | |