2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED May 11, 2005 08:00 AM Secretary of State

DOCUMENT # B9900000101  1. Entity Name STAFFING RESOURCES (SC), L.P.					Secreta	ary of State
Principal Place of Business — 2015 SOUTH PARK PLACE ATLANTA, GA 30339		Mailing Address 177 CROSSWAYS PARK DRIVE WOODBURY, NY 11797		र् <del>योग्यास हुए।</del> १८८४:		
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.			04252005 Chg-LP CR2E	(10/03)
City & State		City & State			4. FEI Number 58-2426258	Applied For Not Applicable
Zip	Country	Zip			5. Certificate of Status Desired	\$8.75 Additional Fee Required
5. 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)		
TALLAHAS	SSEE, FL 32301-2525				<u> </u>	
				City	F	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. I am fam the obligations of registered agent.						familiar with, and accept
SIGNATURE						
Signature, typed or printed name of registered egent and third it applicable  9. Capital Contributions  10. Amount of Capital Contributions						
as Shown	on record. \$999.00	in FLORIDA to d	date.	<u>. <del>-</del></u>		
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 DDCUMENT # M9900000142					ADDRESS CHANGES ON	ILY
NAME	RANDSTAD GENERAL PARTNER (US) LLC		STR	REET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	2015 SOUTH PARK PLACE ATLANTA, GA 30339	÷ .	CIT	Y-ST-ZIP		
DOCUMENT # NAME		- <del>*</del>	STR	ECT ADDRESS	HAAAAA	7
STREET ADDRESS CITY-ST-ZIP			- cm	Y·ST-ZIP	U0000036578 05/11/05-80016	-014 141.25
DOCUMENT # NAME			STR	BEFT ADDRESS		
STREET ADDRESS CITY-ST-ZIP			cm	Y-ST-ZIP		
DOCUMENT # NAME			STR	LEET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITA	Y-ST-ZIP		
DOCUMENT / NAME			SIR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CaTy	Y-ST-ZIP		
DOCUMENT #	)		STR	EET ADDRESS		
STREET ADDRESS C/TY-ST-ZIP	1		CITY	Y-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)(f), 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  **Color of the 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER PLANT DATE  Dat						