UNIFORM BUSINESS REPORT (UBR)

UMENT # B9900000102

/Name

INDSTAD EMPLOYMENT SOLUTIONS, L.P.

incipal Place of Business

2. Principal Place of Business

Mailing Address

3. Mailing Address

2015 SOUTH PARK PLACE ATLANTA GA 30339 177 CROSSWAYS PARK DRIVE WOODBURY NY 11797 FILED

02 FEB -4 PM 3:41

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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Stite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2002		
City & State		City & State		4. FEI Number	58-2426282	Applied For	
				<u> </u>		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of		8.75 Additional ee Required	
<u> </u>	6. Name and Address of Current F		7. Name and Address of New Registered Agent				
 			Name	Name			
CORPORATION SERVICE COMPANY			Street Address (P.O. Box Number is Not Acceptable)				
1201 HAY				!			
TALLAHAS	SEE FL 32301-2525			i			
			City		j FL	Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or reg	stered agent, or both,	in the State of Florida.		
SIGNATURE _			·····				
Signature, typed or printed name of registered agent and title if applicable.				/	11. MAKE CHECK PAYABLE	TO DEDT OF STATE	
Capital Cor as Shown or		ite.	100.00	SEE REVERSE SIDE FOI			
	A GENERAL PARTNER TI	HAT IS A BUSINESS EN			TIVE WITH THIS OFFICE		
	NOTE: General Partners MA	Y NOT be changed on the	e form; an amendr	nent must be filed	to change a general par	iner.	
12.	GENERAL PARTNER	INFORMATION	13.		ADDRESS CHANGES ONL	Υ	
DOCUMENT #	M9900000142		STREET ADDRESS				
NAME	RANDSTAD GENERAL PARTNER			<u> </u>			
STREET ADDRESS	2015 SOUTH PARK PLACE ATLANTA GA 30339	CITY-ST-ZIP) !			
CITY-ST-ZIP	ATLANTA GA 30339				<u> </u>		
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ROBERT (ALABEO, UP TAXES PEREMENTATION GENERAL PARTNER (US) LIC

~ C516)682-140

Daytime Phone #

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