

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # B99000000102

1. Entity Name
RANDSTAD HR SOLUTIONS OF DELAWARE, L.P.



Principal Place of Business
**2015 SOUTH PARK PLACE
ATLANTA, GA 30339**

Mailing Address
**177 CROSSWAYS PARK DRIVE
WOODBURY, NY 11797**

2. Principal Place of Business

3. Mailing Address

1 HUNTINGTON QUADRANGLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2-S-04

City & State

City & State

MEVILLE NY

Zip

Country

Zip

Country

11747

04192006

Chg-LP

CR2E003 (11/05)

4. FEI Number

58-2426282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

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 familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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**
NAME **RANDSTAD GENERAL PARTNER (US) LLC**
STREET ADDRESS **2015 SOUTH PARK PLACE**
CITY-ST-ZIP **ATLANTA, GA 30339**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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**400074697254
05/17/06--01004--015 **500.00**

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

**Robert Gallo VP Tax For
Randstad General Partner (US) LLC**

4/16/06

STAPLE CHECK HERE