


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 17 AM 10:06

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 1 HUNTINGTON QUADRANGLE SUITE 3-5-04 MELVILLE, NY 11747
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2015 SOUTH PARK PL
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State ATLANTA GA	City & State ATLANTA GA
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Zip 30339	Country	Zip 30339	Country
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04032007 Chg-LP CR2E003 (12/06)

4. FEI Number 58-2426282	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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
DOCUMENT # M99000000142
NAME RANDSTAD GENERAL PARTNER (US) LLC
STREET ADDRESS 2015 SOUTH PARK PLACE
CITY-ST-ZIP ATLANTA, GA 30339

13. ADDRESS CHANGES ONLY
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

STREET ADDRESS	CITY-ST-ZIP

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STREET ADDRESS	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 #
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STAPLE CHECK HERE

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