## UNIFORM BUSINESS REPORT (UBR) APPRUYER B9900000103 DOCUMENT # 1. Entity Name OIMAY-I AMII: 20 TEMP FORCE, L.P. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2015 SOUTH PARK PLACE 2015 SOUTH PARK PLACE ATLANTA GA 30339 ATLANTA GA 30339-:089 2. Principal Place of Business 3. Mailing Address TEMP FORCE, L.P. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 177 CROSSWAYS PARK DRIVE City & State WOODBURY City & State 4. FEI Number Applied For NY 58-2422206 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 11797 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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 11. MAKE CHECK PAYABLE TO DEPT OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$999.00---in FLORIDA o date. 100,00 as Shown on record. SEE REVERSE SIDE FOR FEE INFORMATION 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. M9900000142 DOCUMENT # STREET ADDRESS RANDSTAD GENERAL PARTNER (US) LLC NAME 2015 SOUTH PARK PLACE STREET ACCRESS C0Y-ST-78 ATLANTA GA 30339 Q1Y-ST-78 DOCUMENT # STREET ADDRESS 900004219629--- R NAME -05<del>716/01--01046--010</del> STREET ADDRESS CITY-ST-2P \*\*\*\*141.25 \*\*\*\*141.25 OTY-ST-7P DOCUMENT? STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZP CTY-57-7/P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME Sugar Service . . ついたでは私ができた。 ことは「は私のようは、 STREET ADDRESS CITY ST ZIP 🗥 CITY-ST-ZE DOCUMENT # 14 O. C STREET ADDRESS NAME . . . . . STREET ADORESS COTY - ST - 782 CITY-ST-ZP

SIGNATURE: \_\_\_\_\_ ROBERT CALABRO, VP-TAXES FOR PANOSTAD (516)682-1400

14. I hereby certify that the information supplied with this filing does not quality 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes