2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006037

Entity Name: ADMINISTAFF OF TEXAS, INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	SCENT SPRIND, TX 773393						
Current Mailing Address:			N	New Mailing Address:			
19001 CRESCENT SPRINGS DRIVE KINGWOOD, TX 773393802 US							
FEI Number: 7	76-0178498	FEI Number Applied For ()	FEI Numbe	er Not Applic	able ()	Certificate of St	atus Desired ()
Name and A	Address of C	urrent Registered Agent:	N	ame and A	Address of N	ew Registered	d Agent:
1201 HAYS	TION SERVIC STREET SEE, FL 3230						
The above r in the State		ubmits this statement for the p	ourpose of c	hanging its	registered of	fice or register	ed agent, or both,
SIGNATUR	E:						
	Electroni	c Signature of Registered Age	ent			Date	
Election Camp	paign Financing	Trust Fund Contribution ().					
OFFICERS	AND DIRECT	ORS:	Α	DDITIONS	S/CHANGES	TO OFFICERS	AND DIRECTORS:
Title: Name: Address: City-St-Zip:	SARVADI, P J	Delete NT SPRINGS DR : 77339	Na Ad	tle: ame: ddress: ity-St-Zip:	()	Change () Additi	ion
Title: Name: Address: City-St-Zip:	RAWSON, RICH	NT SPRINGS DR	Na Ad	tle: ame: ddress: ity-St-Zip:	()	Change () Additi	ion
Title: Name: Address: City-St-Zip:	GASKAMP, ROC	NT SPRINGS DR	Na Ad	ame: ddress:	GASKAMP, ROC	NT SPRINGS DR	ion
Title: Name: Address: City-St-Zip:	VP () MCCOLLUM, RA 19001 CRESCE KINGWOOD, TX	NDALL H NT SPRINGS DR	Na Ad	ame: ddress:	MCCOLLUM, RA	NT SPRINGS DR	
Title: Name: Address: City-St-Zip:	SHARP, DOUGL	NT SPRINGS DR	Na Ad	tle: ame: ddress: ity-St-Zip:	()	Change () Additi	ion
Title: Name: Address: City-St-Zip:	HERINK, DANIÉ	NT SPRINGS DR	Na Ad	tle: ame: ddress: ity-St-Zip:	()	Change () Additi	ion

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

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SIGNATURE: DANIEL D. HERINK	DVPS	04/16/2009