

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 APR 17 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000142

1. Entity Name  
RANDSTAD GENERAL PARTNER (US) LLC



Principal Place of Business  
C/O RANDSTAD STAFFING SERVICES  
2015 SOUTH PARK PLACE  
ATLANTA, GA 30339

Mailing Address  
~~1 HUNTINGTON QUAD~~  
~~MELVILLE, NY 11747~~

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2015 SOUTH PARK PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
ATLANTA GA

Zip

Country

Zip

30339

Country

04032007

Chg-LLC

CR2E083 (12/06)

4. FEI Number  
58-2426265

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
MGRM  
RANDSTAD NORTH AMERICA, L.P.  
STREET ADDRESS  
2015 SOUTH PARK PLACE  
CITY-ST-ZIP  
ATLANTA, GA 30339 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
MGR  
CALABRO, ROBERT  
STREET ADDRESS  
ONE HUNTINGTON QUAD C/PANGLE ST 3504  
CITY-ST-ZIP  
WOODBURY, NY 11797 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
2015 SOUTH PARK PL  
ATLANTA, GA 30339

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
600101621416  
05/04/07--01056--010 \*\*2500.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #