


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P18913** (4)
1. Corporation Name
ADMINISTAFF OF TEXAS, INC.



Principal Place of Business 19001 CRESCENT SPRINGS DR KINGWOOD TX 77339-3802 US	Mailing Address 19001 CRESCENT SPRINGS DR KINGWOOD TX 77339-3802 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 04/20/1988	
		4. FEI Number 76-0178498		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number Is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

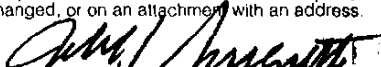
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCINTOSH, GERALD M.			1.2 NAME	Samuel G. Garson		
STREET ADDRESS	19001 CRESCENT SPRNGS DR			1.3 STREET ADDRESS	19001 Crescent Springs Dr.		
CITY-ST-ZIP	KINGWOOD TX			1.4 CITY-ST-ZIP	Kingwood, TX 77339-3802		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SARVADI, PAUL J.			2.2 NAME			
STREET ADDRESS	19001 CRESCENT SPRNGS DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	KINGWOOD TX			2.4 CITY-ST-ZIP			
TITLE	VPS	<input type="checkbox"/> DELETE		3.1 TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPURGIN, JOHN H II			3.2 NAME			
STREET ADDRESS	19001 CRESCENT SPRINGS DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	KINGWOOD TX			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENSE, SCOTT C			4.2 NAME			
STREET ADDRESS	19001 CRESCENT SPRINGS DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	KINGWOOD TX			4.4 CITY-ST-ZIP			
TITLE	TVD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAWSON, RICHARD G			5.2 NAME			
STREET ADDRESS	19001 CRESCENT SPRINGS DR.			5.3 STREET ADDRESS			
CITY-ST-ZIP	KINGWOOD TX			5.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMMOND, JAMES W			6.2 NAME			
STREET ADDRESS	19001 CRESCENT SPRINGS DR.			6.3 STREET ADDRESS			
CITY-ST-ZIP	KINGWOOD TX			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



, Secretary

2/23/98

281-348-3251

CR2E034 (1097)