2002 UNIFORM BUSINESS REPORT (UBR)

0020304 AB

DOCUMENT # B0T000000317

1. Entity Name

ADMINISTAFF COMPANIES II, L.P.

FILED

02 MAY 15 PM 2:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

5/15

Principal Place of Business	Mailing Address
19001 CRESCENT SPRINGS DRIVE KINGWOOD TX 77339-3802	19001 CRESCENT SPRINGS DRIVE KINGWOOD TX 77339-3802

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 76-0689539 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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.

SIGNATURE ______________________________ DATE

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

9. Capital Contributions as Shown on record. $8,750.00

10. Amount of Capital Contributions in FLORIDA to date. $0.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F96000002513	STREET ADDRESS	
NAME	ADMINISTAFF COMPANIES, INC.		
STREET ADDRESS	19001 CRESCENT SPRINGS DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	KINGWOOD TX 77339-3802		
DOCUMENT #		STREET ADDRESS	600005637886--6
NAME			
STREET ADDRESS		CITY-ST-ZIP	-05/29/02--01050--002 ****144.75 ****144.75
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

CR2E003 (9/01)

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 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: John H. Spurgin, II, Secretary, 4/19/02, (281) 348-3251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #