

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 # F96000002513 (7)
 1. Corporation Name
ADMINISTAFF COMPANIES, INC.



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

21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	City & State
23 Zip	Country
24 Country	25 Zip
26 City & State	27 City & State
28 Zip	29 Country
30 Country	

3. Date Incorporated or Qualified 05/20/1996	
4. FEI Number 76-0487432	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

**C T CORPORATION SYSTEM
 1200 SOUTH 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
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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SARVADI, PAUL J	
STREET ADDRESS	19001 CRESCENT SPRINGS DR.	
CITY-ST-ZIP	KINGWOOD TX 77339-3802	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HENSEL, SCOTT C	
STREET ADDRESS	19001 CRESCENT SPRINGS DRIVE	
CITY-ST-ZIP	KINGWOOD TX	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ARIZPE, A S	
STREET ADDRESS	19001 CRESCENT SPRINGS DR.	
CITY-ST-ZIP	KINGWOOD TX 77339-3802	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPURGIN, JOHN H II	
STREET ADDRESS	19001 CRESCENT SPRINGS DR	
CITY-ST-ZIP	KINGWOOD TX	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	RAWSON, RICHARD G	
STREET ADDRESS	19001 CRESCENT SPRINGS DRIVE	
CITY-ST-ZIP	KINGWOOD TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	V Samuel G. Larson
1.3 STREET ADDRESS	19001 Crescent Springs Dr.
1.4 CITY-ST-ZIP	Kingwood, TX 77339-3802
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V/S/D
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 _____ DATE **2/23/98** **281-348-2251**

CR2E034 (10/97)