

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 20, 2000 8:00 am  
Secretary of State

01-20-2000 90089 030 \*\*\*150.00

DOCUMENT # 843396

1. Entity Name

PAYCHEX, INC.

Principal Place of Business

911 PANORAMA TRAIL SOUTH  
ROCHESTER NY 14625

Mailing Address

911 PANORAMA TRAIL SOUTH  
ROCHESTER NY 14625-2311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

14625-0397

Country

4. FEI Number

16-1124166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	POP	<input type="checkbox"/> Delete
NAME	GOLISAUD, B. THOMAS	
STREET ADDRESS	212 WHISTLE STOP	
CITY-ST-ZIP	PITTSFORD NY 14534	
TITLE	VM	<input type="checkbox"/> Delete
NAME	POLISSENI, EUGENE R	
STREET ADDRESS	16 BEAUCLAIRE LANE	
CITY-ST-ZIP	FAIRPORT NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	KUCHTA, WILLIAM G	
STREET ADDRESS	7209 HERTFORDSHIRE WAY	
CITY-ST-ZIP	VICTOR NY 14564	
TITLE	VS	<input type="checkbox"/> Delete
NAME	TUREK, WALTER	
STREET ADDRESS	3 MANDALAY RIDGE	
CITY-ST-ZIP	PITTSFORD NY	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	CLARK, G. THOMAS	
STREET ADDRESS	911 PANORAMA TRL S	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEBO, J ROBERT	
STREET ADDRESS	911 PANORAMA TRL S	
CITY-ST-ZIP	ROCHESTER NY	

TITLE	P.C.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOKISANO, B. THOMAS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	911 PANORAMA TRAIL SOUTH	
CITY-ST-ZIP	ROCHESTER NY 14625	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	911 PANORAMA TRAIL SOUTH	
CITY-ST-ZIP	ROCHESTER NY 14625	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	911 PANORAMA TRAIL SOUTH	
CITY-ST-ZIP	ROCHESTER NY 14625	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF 1E034 (9/99)