

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843396

Entity Name: PAYCHEX, INC.

FILED
Apr 03, 2009
Secretary of State

Current Principal Place of Business:

911 PANORAMA TRAIL SOUTH
ROCHESTER, NY 14625

New Principal Place of Business:

Current Mailing Address:

911 PANORAMA TRAIL SOUTH
ROCHESTER, NY 146250399

New Mailing Address:

FEI Number: 16-1124166 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: JUDGE, JONATHAN J.
Address: 911 PANORAMA TRAIL SOUTH
City-St-Zip: ROCHESTER, NY 14625

Title: SVPS () Delete
Name: MORPHY, JOHN M
Address: 911 PANORAMA TRL S.
City-St-Zip: ROCHESTER, NY 14625

Title: VOD () Delete
Name: KUCHTA, WILLIAM G
Address: 911 PANORAMA TRAIL SOUTH
City-St-Zip: ROCHESTER, NY 14625

Title: SVSM () Delete
Name: TUREK, WALTER
Address: 911 PANORAMA TRAIL SOUTH
City-St-Zip: ROCHESTER, NY 14625

Title: V () Delete
Name: CANZANO, DANIEL A
Address: 911 PANORAMA TRL S
City-St-Zip: ROCHESTER, NY 14625

Title: VCOO () Delete
Name: MUCCI, MARTIN
Address: 911 PANORAMA TRAIL SOUTH
City-St-Zip: ROCHESTER, NY 14625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL NESBITT

_____ Electronic Signature of Signing Officer or Director

DTAX

04/03/2009

_____ Date