2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001819

Entity Name: CERIDIAN CORPORATION

FILED Apr 18, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	OLD SHAKOF DLIS, MN 5542					
Current Mailing Address:			New Maili	New Mailing Address:		
	OLD SHAKOF DLIS, MN 5542					
FEI Number:	41-1981625	FEI Number Applied For ()	FEI Number Not App	licable () Certificate	of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US						
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.						
SIGNATUR	RE:					
	Electroni	c Signature of Registered Agent	t	D	ate	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	TURNER, RONA	SHAKOPEE ROAD	Title: Name: Address: City-St-Zip:	()Change()) Addition	
Title: Name: Address: City-St-Zip:	EICKHOFF, JOH	SHAKOPEE ROAD	Title: Name: Address: City-St-Zip:	VCFO (X) Change (NEVE, DOUGLAS C 3311 EAST OLD SHAKOPE MINNEAPOLIS, MN 55425	,	
Title: Name: Address: City-St-Zip:	GROSS, LOREN	SHAKOPEE ROAD	Title: Name: Address: City-St-Zip:	V (X) Change (KUHNAU, DAVID B 3311 EAST OLD SHAKOPE MINNEAPOLIS, MN 55425		
Title: Name: Address: City-St-Zip:	AS () I BOWMAN, LYNN 3311 E. OLD SH MINNEAPOLIS, I	AKOPEE ROAD	Title: Name: Address: City-St-Zip:	()Change()) Addition	
Title: Name: Address: City-St-Zip:	HUGHES, SHIRL	SHAKOPEE ROAD	Title: Name: Address: City-St-Zip:	V (X) Change (ADAM, JURGEN K 3311 EAST OLD SHAKOPE MINNEAPOLIS, MN 55425	,	
Title: Name: Address: City-St-Zip:	V () NELSON, GARY 311 E. OLD SHA MINNEAPOLIS, I	KOPEE ROAD	Title: Name: Address: City-St-Zip:	()Change()) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LYNNE T. BOWMAN AS 04/18/2005