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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000086357

1. Corporation Name

ADP TOTALSOURCE, INC.

						4	{##11##1			ist i nn t innt	
Principal Place of Business Mailing Address											
4010 WEST STA	ONE ADP BLVD										
TAMPA FL 33609		MS 433				DO NOT WRITE IN THIS SPACE					
		ROSELAND NJ 07068				3	Date Incorporated or Qualified				
						\	12/16/1993				
0.0: : 15	I Desire	2a Mailing Address				4	FEI Number		Annli	ied For	
 -1	lace of Business	2a. Mailing Address				7.	59-3216484		<u> </u>	Applicable	
21		26 Cuito Ant # ata				├—	39-32 10404	¢2.7		ditional	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certifcate of Status Desired		Requ		
22		City & State	· · · · · · · · ·			_	Floriton Organiza Financian		00 м		
City & State	e	⊢ ,				D.	Election Campaign Financing Trust Fund Contribution		оо м led to		
23	Country	28 Zip	Country			-	This corporation owes the current year Inta		rou io	1 000	
Zip				¬ ·			Personal Property Tax.	∏ Yes	Г]No	
24	25	29	30				Name and Address of New Registered A				
-	9. Name and Address of Curr	ent registered Agent	81	N:	ame		Traine and page 5. The state of	<u> </u>			
NRAI	I SERVICES, INC.										
	EAST PARK AVENUE		82 Street Addr			ss (P	P.O. Box Number is Not Acceptable)				
	AHASSEE FL 32301		83								
INL	ANACOLL L GEGOT		[63]	Į							
			84	Ci	ity			85	Zip Co	ode	
				<u> </u>			<u> </u>	44			
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	tes, the above	e-na the	med corpor	ratior	n submits this statement for the purpose of coard of directors. I hereby accept the appoin	:hangin tment a	g its re is regis	egisterea stered	
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flo	rida Statutes		оогрогация		Jan 3, 3, 3, 30, 5, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10				
SIGNATURE											
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE	: Registered Ager	nt sign	ature required v	when r	reinstating) DATE				
12.	OFFICERS	AND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS AN	DIRE	CTOR		
TITLE	D	☐ OELETE	1.1 TITLE		$- \mathcal{P}_{k}$	E	SIDENT/DIRECTOR	Chai	nge	☐ Addition	
NAME	BENSON, JAMES B		1.2 NAME								
STREET ADDRESS	ONE ADP BLVD		1.3 STREET ADDRESS		RESS						
CITY-ST-ZIP	ROSELAND NJ 07068		1.4 CITY-S	T-ZIP							
TITLE	VPC	☐ DELETE	2.1 TITLE			-		☐ Cha	nge	Addition	
NAME	HAVILAND, RICHARD		2.2 NAME								
STREET ADDRESS	ONE ADP BLVD		2.3 STREET ADDRESS		RESS						
CITY-ST-ZIP	000 110 11 07000		2.4 CITY-S	2.4 CITY-ST-ZIP							
TITLE	VPT			31 TITLE				☐ Char	nge	☐ Addition	
NAME	COLOTTI, RAYMOND L		3.2 NAME								
STREET ADDRESS	ONE ADP BLVD		3.3 STREET	T ADD	RESS						
	ROSELAND NJ 07068		3.4. CITY-S								
CITY-ST-ZIP TITLE	D	☐ DELETE	4.1 TITLE	2 (⁻ <u>2 </u>				☐ Cha	nge	Addition	
	SINGER, ROBERT		4. 2 NAME								
NAME	ONE ADP BLVD			7 ADD	nese						
STREET ADDRESS			4.3 STREET		l l						
CITY-ST-ZIP	ROSELAND NJ 07068	☐ DELETE		4.4 C/TY-ST-ZiP				☐ Cha	nae	Addition	
TITLE		☐ DETER	5.1 TITLE 5.2 NAME					ے جہورے	9~		
NAME			1	ተ ለቦነባ	ncee						
STREET ADDRESS			5.3 STREET								
CITY-ST-ZIP			5.4 CITY-S	ı-ZIP				CI Ch-		- Addition	
TITLE		☐ DELETE	61 TITLE		1			Cha	nge	☐ Addition	
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET	T ADD	RESS						

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

JAMES B. BENSON