

2000 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # P96000050091

1. Entity Name

CERIDIAN BENEFITS SERVICES, INC.

FILED

00 MAY 17 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

41192000 900701018 \$150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

34125 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684

34125 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684-2141

2. Principal Place of Business

3. Mailing Address

3201 34TH STREET S

3201 34TH STREET S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

4. FEI Number

59-3424469

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 NAME STREET ADDRESS CITY-ST-ZIP	DPC MACDOUGALD, JAMES E 34125 U.S. HWY 19N PALM HARBOR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MACDOUGALD, SUZANNE M 34125 U.W. HWY 19N PALM HARBOR FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'DROBINAK, JAMES P 34125 U.S. HWY 19N PALM HARBOR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED LIST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: R.A. Smolinski ROBERT A. SMOLINSKI

4/13/00

727-864-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

82402062

ABR Information Services, Inc.

Directors:

James E. MacDougald	Director
Ronald L. Turner	Director
Gary M. Nelson	Director

Officers:

James E. MacDougald	President & Chief Executive Officer
William Povilus	Executive Vice President & Chief Operating Officer
James P. O'Drobinak	Senior Vice President & Chief Financial Officer
Dennis Sweeney	Senior Vice President
James R. Burkle	Vice President, Corporate Tax
Robert A. Smolinski	Vice President & Treasurer
John H. Grierson	Vice President & Assistant Treasurer
Gary M. Nelson	Vice President & Secretary
William E. McDonald	Vice President & Assistant Secretary
David T. Moen	Assistant Secretary
David B. Kuhnau	Assistant Treasurer

The address for all the above officers and directors is:

3201 34th Street South, St. Petersburg, FL 33711