

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000050091

FILED
Apr 15, 2004
Secretary of State

Entity Name: CERIDIAN BENEFITS SERVICES, INC.

Current Principal Place of Business:

3201 34TH STREET S.
ST. PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

3311 E. OLD SHAKAPEE RD
HQED4B
MINNEAPOLIS, MN 55425

New Mailing Address:

3311 E. OLD SHAKAPEE RD
HQE04B
MINNEAPOLIS, MN 55425

FEI Number: 59-3424469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E PARK AVE
TALLAHASSEE, FL 32301 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: STIEN, SHARON A
Address: 3201 34TH STREET S.
City-St-Zip: ST. PETERSBURG, FL 33711

Title: VP () Delete
Name: BURKLE, JAMES R
Address: 3311 E OLD SHAKOPEE
City-St-Zip: MINNEAPOLIS, MN 55425

Title: VPT () Delete
Name: KUHNAU, DAVID B
Address: 3311 E OLD SHAKAPEE RD
City-St-Zip: MINNEAPOLIS, MN 55425

Title: AS () Delete
Name: BOWMAN, LYNNE
Address: 3311 E OLD SHAKAPEE RD
City-St-Zip: MINNEAPOLIS, MN 55425

Title: VPC () Delete
Name: VASSALOTTI, KEITH
Address: 3201 34TH ST SO
City-St-Zip: SAINT PETERSBURG, FL 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: CORCORAN, JAMES A
Address: 3201 34TH STREET S.
City-St-Zip: ST. PETERSBURG, FL 33711

Title: VPS (X) Change () Addition
Name: NELSON, GARY M
Address: 3311 E OLD SHAKOPEE
City-St-Zip: MINNEAPOLIS, MN 55425

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

Title: AS (X) Change () Addition
Name: CURME SHAW, ANN
Address: 3311 E OLD SHAKAPEE RD
City-St-Zip: MINNEAPOLIS, MN 55425

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

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: DAVID B. KUHNAU

VPT

04/15/2004

Electronic Signature of Signing Officer or Director

_____ Date