


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000050091 1. Entity Name CERIDIAN BENEFITS SERVICES, INC.		
Principal Place of Business 3201 34TH STREET S. ST. PETERSBURG, FL 33711		Mailing Address 3201 34TH STREET S. ST. PETERSBURG, FL 33711
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3311 E. OLD SHAKOPEE RD #10204B
City & State		City & State MINNEAPOLIS MN 55425
Zip	- Country	Zip MINNEP IN
4. FEI Number 59-3424469		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 626 E PARK AVE TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when retaining)</small>		
FILE NOW!!! FEE IS \$100.00 After May 1, 2003 Fee will be \$150.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES, JARVIS W <input checked="" type="checkbox"/> Delete 3201 34TH STREET S. ST. PETERSBURG, FL 33711	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURKLE, JAMES R <input type="checkbox"/> Delete 3311 E OLD SHAKOPEE MINNEAPOLIS, MN 55425	PRESIDENT - CED SHARON A. STEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3201 - 34th STREET SO. ST. PETERSBURG FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GRIERSON, JOHN <input checked="" type="checkbox"/> Delete 3311 E OLD SHAKOPEE RD MINNEAPOLIS, MN 55425	VP - TREASURER DAVID B. KULHAR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3311 E. OLD SHAKOPEE RD MINNEAPOLIS MN 55425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BOWMAN, LYNNE <input type="checkbox"/> Delete 3311 E OLD SHAKOPEE RD MINNEAPOLIS, MN 55425	VP - CONTROLLER KEITH VASSALOTTI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3201 - 34th STREET SO. ST PETERSBURG FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other info empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/25/03 Phone #: 952-853-5622

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CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)