

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000054997

FILED
Apr 15, 2004
Secretary of State

Entity Name: CERIDIAN INVESTMENT ADVISERS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

E OLD SHAROPEE RD
ATTN: TAX DEPT
MINNEAPOLIS, MN 55425

New Mailing Address:

3311 E OLD SHAROPEE RD
ATTN: TAX DEPT
MINNEAPOLIS, MN 55425

FEI Number: 59-3738487

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: VT (X) Delete
Name: BURKLE, JAMES R
Address: 3311 E OLD SHAROPEE RD
City-St-Zip: MINNEAPOLIS, MN 55425

Title: P () Delete
Name: DEPEW, JOHN
Address: 3201 34TH STREET S.
City-St-Zip: ST. PETERSBURG, FL 33711

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

Title: ST () Delete
Name: VASSALOTTI, KEITH
Address: 3201 34TH STREET S.
City-St-Zip: ST. PETERSBURG, FL 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: KEITH VASSALOTTI

ST

04/15/2004

Electronic Signature of Signing Officer or Director

_____ Date