

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 843396

Entity Name: PAYCHEX, INC.

**Current Principal Place of Business:**

911 PANORAMA TRAIL SOUTH  
ROCHESTER, NY 14625

**Current Mailing Address:**

911 PANORAMA TRAIL SOUTH  
ROCHESTER, NY 14625

FEI Number: 16-1124166

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

**FILED**  
**Apr 05, 2017**  
**Secretary of State**  
**CC3307408307**

*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

**Officer/Director Detail :**

Title CEO, DIRECTOR  
Name MUCCI, MARTIN  
Address 911 PANORAMA TRAIL SOUTH  
City-State-Zip: ROCHESTER NY 14625

Title VT  
Name RIVERA, EFRAIN  
Address 911 PANORAMA TRL SOUTH  
City-State-Zip: ROCHESTER NY 14625

Title S  
Name SCHAEFFER, STEPHANIE  
Address 911 PANORAMA TRAIL SOUTH  
City-State-Zip: ROCHESTER NY 14625

Title V  
Name BOTTINI, MARK  
Address 911 PANORAMA TRL SOUTH  
City-State-Zip: ROCHESTER NY 14625

Title D, CHAIRMAN  
Name GOLISANO, B. THOMAS  
Address 911 PANORAMA TRAIL SOUTH  
City-State-Zip: ROCHESTER NY 14625

Title VP  
Name GIOJA, MICHAEL  
Address 911 PANORAMA TRAIL SOUTH  
City-State-Zip: ROCHESTER NY 14625

Title DIRECTOR  
Name FLASCHEN , DAVID  
Address 180 CLYDE STREET  
City-State-Zip: CHESTNUT HILL MA 02467

Title DIRECTOR  
Name INMAN , GRANT  
Address FOUR ORINDA WAY  
City-State-Zip: ORINDA CA 94563

**Continues on page 2**

*I hereby 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 all other like empowered.*

SIGNATURE: STEPHANIE SCHAEFFER

SECRETARY

04/05/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name TUCCI , JOSEPH  
Address 176 SOUTH STREET  
City-State-Zip: HOPKINTON MA 01748

Title DIRECTOR  
Name HORSLEY, PHILLIP  
Address 2385 STEWART WAY  
City-State-Zip: CARMEL CA 93923

Title VP  
Name GIBSON , JOHN  
Address 911 PANORAMA TRAIL SOUTH  
City-State-Zip: ROCHESTER NY 14625

Title DIRECTOR  
Name DOODY , JOSEPH  
Address 4285 DEEPHAVEN LANE  
City-State-Zip: NAPLES FL 34119

Title DIRECTOR  
Name VELLI, JOSEPH  
Address 1 WALL STREET  
10TH FLOOR  
City-State-Zip: NEW YORK NY 10005

Title DIRECTOR  
Name BONADIO, THOMAS F  
Address THE BONADIO GROUP  
171 SULLY'S TRAIL 201  
City-State-Zip: PITTSFORD NY 14534