

2013 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
Mar 19, 2013
Secretary of State
CC3075627781

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 PCEO, 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
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 THREE NEWTON EXECUTIVE PARK
City-State-Zip: NEWTON MA 02462

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

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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

03/19/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JOSPEH, PAMELA
Address ONE CONCOURSE PARKWAY
City-State-Zip: ATLANTA GA 30328

Title DIRECTOR
Name DOODY , JOSEPH
Address 500 STAPLES DRIVE
City-State-Zip: FRAMINGHAM MA 01702

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