

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000004460

Entity Name: PAYCHEX SECURITIES CORPORATION**Current Principal Place of Business:**911 PANORAMA TRAIL SOUTH
ROCHESTER, NY 14625**Current Mailing Address:**911 PANORAMA TRAIL SOUTH
ROCHESTER, NY 14625 US**FEI Number:** 16-1486352**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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 | PRESIDENT, DIRECTOR |
| Name | DAVIDSON, PAUL III |
| Address | 911 PANORAMA TRAIL SOUTH |
| City-State-Zip: | ROCHESTER NY 14625 |

| | |
|-----------------|--------------------------|
| Title | DIRECTOR |
| Name | RIVERA, EFRAIN |
| Address | 911 PANORAMA TRAIL SOUTH |
| City-State-Zip: | ROCHESTER NY 14625 |

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

| | |
|-----------------|--------------------------|
| Title | TREASURER |
| Name | SIMMONS, CHRISTOPHER |
| Address | 911 PANORAMA TRAIL SOUTH |
| City-State-Zip: | ROCHESTER NY 14625 |

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: EFRAIN RIVERA**DIRECTOR****04/25/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date