

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 821764

1. Corporation Name

CERIDIAN CORPORATION

Principal Place of Business

8100 34TH AVE SOUTH  
TAX DEPARTMENT HON12A  
MINNEAPOLIS MN 55425-1640

Mailing Address

8100 34TH AVE SOUTH  
TAX DEPARTMENT HON12A  
MINNEAPOLIS MN 55425-1640

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

08/21/1968

4. FEI Number

52-0278528

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME GRIERSON, J.H.  
STREET ADDRESS 8100 34TH AVE. SOUTH  
CITY-ST-ZIP MINNEAPOLIS MN

CEO ☐ DELETE

NAME PERLMAN, L.  
STREET ADDRESS 8100 34TH AVE. SOUTH  
CITY-ST-ZIP MINNEAPOLIS MN

AS ☐ DELETE

NAME MOEN, D.T.  
STREET ADDRESS 8100 34TH AVE. SOUTH  
CITY-ST-ZIP MINNEAPOLIS MN

VS ☐ DELETE

NAME HAVENMAN, J.A.  
STREET ADDRESS 8100 34TH AVENUE SOUTH  
CITY-ST-ZIP MINNEAPOLIS MN

V ☐ DELETE

NAME BURKLE, J.R.  
STREET ADDRESS 8100 34TH AVENUE SOUTH  
CITY-ST-ZIP MINNEAPOLIS MN

VC ☐ DELETE

NAME EICKHOFF, J.R.  
STREET ADDRESS 8100 34TH AVE. SOUTH  
CITY-ST-ZIP MINNEAPOLIS MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

G M NELSON

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90098 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)

4-9-99 (612)853-3488