

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 821764

1. Entity Name

CERIDIAN CORPORATION

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90050 042 ***150.00

Principal Place of Business

Mailing Address

8100 34TH AVE SOUTH
TAX DEPARTMENT HQN12A
MINNEAPOLIS MN 55425-1640

8100 34TH AVE SOUTH
TAX DEPARTMENT HQN12A
MINNEAPOLIS MN 55425-1672

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-0278528

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME TURNER, R L
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VS
STREET ADDRESS NELSON, G M
CITY-ST-ZIP 8100 34TH AVENUE SOUTH
MINNEAPOLIS MN

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Signature of D.T. Moen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST SEC 4-7-00 (612) 893-3488

Date

Daytime Phone #

CR2E034 (9/99)