

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 # 843396

1. Corporation Name
PAYCHEX, INC.

Principal Place of Business
911 PANORAMA TRAIL SOUTH
ROCHESTER NY 14625

Mailing Address
911 PANORAMA TRAIL SOUTH
ROCHESTER NY 14625

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90171 022 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1979

4. FEI Number

16-1124166

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 (FILED 2/99)



Yes



No

9. Name and Address of Current Registered Agent

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

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

TITLE D
NAME BRINCKMAN, DONALD
STREET ADDRESS 1000 NORTH RANDALL RD
CITY-ST-ZIP ELGIN IL ☒ DELETE

TITLE VM
NAME POLISSENI, EUGENE R
STREET ADDRESS 16 BEAUCLAIRE LANE
CITY-ST-ZIP FAIRPORT NY ☐ DELETE

TITLE V
NAME RUSSO, EDMUND S
STREET ADDRESS 915 SPRING TIDE DR
CITY-ST-ZIP NEWPORT BEACH CA 92660 ☒ DELETE

TITLE VS
NAME TUREK, WALTER
STREET ADDRESS 3 MANDALAY RIDGE
CITY-ST-ZIP PITTSFORD NY ☐ DELETE

TITLE VTD
NAME CLARK, G. THOMAS
STREET ADDRESS 911 PANORAMA TRL S
CITY-ST-ZIP ROCHESTER NY ☐ DELETE

TITLE D
NAME SEBO, J ROBERT
STREET ADDRESS 911 PANORAMA TRL S
CITY-ST-ZIP ROCHESTER NY ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, C, P
1.2 NAME B. THOMAS GOLISAUD
1.3 STREET ADDRESS 212 WHISTLE STOP
1.4 CITY-ST-ZIP PITTSFORD, NY 14534 ☐ Change ☒ Addition

2.1 TITLE V, S, T
2.2 NAME JOHN M. MORPHY
2.3 STREET ADDRESS 51 VINEYARD HILL
2.4 CITY-ST-ZIP FAIRPORT, NY 14450 ☐ Change ☒ Addition

3.1 TITLE WILLIAM G. KUCHTA
3.2 NAME V
3.3 STREET ADDRESS 7209 HERTFORDSHIRE WAY
3.4 CITY-ST-ZIP VICTOR, NY 14564 ☐ Change ☒ Addition

4.1 TITLE V
4.2 NAME DANIEL A. DANZANO
4.3 STREET ADDRESS 150 MILES BUTTINE LANE
4.4 CITY-ST-ZIP PITTSFORD, NY 14534 ☐ Change ☒ Addition

5.1 TITLE D
5.2 NAME G. THOMAS CLARK
5.3 STREET ADDRESS 1492 EAST AVENUE
5.4 CITY-ST-ZIP ROCHESTER, NY 14610 ☒ Change ☐ Addition

6.1 TITLE D
6.2 NAME ROBERT J. SEBO
6.3 STREET ADDRESS FIVE WOODS HOLE COURT
6.4 CITY-ST-ZIP PITTSFORD, NY 14534 ☒ Change ☐ Addition

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE POLISSENI, VICE PRESIDENT

Date

Daytime Phone #

4/13/99

716-385-6666

CR2E034 (11/98)