FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **846187** **(3)**

1. Corporation Name

ADP CLAIMS SOLUTIONS GROUP, INC.

Principal Place of Business	Mailing Address
ONE ADP BLVD., MS #433 ROSELAND NJ 07068-8728	ONE ADP BLVD., MS #433 ROSELAND NJ 07068-8728

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/10/1980**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. # or P.O. Box — 22:

Suite, Apt. # or P.O. Box — 27:

City & State — 23:

City & State — 28:

Zip — 24:

Country — 25:

Zip — 29:

Country — 30:

4. FEI Number: **94-2617005** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

01 Name

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

03

04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	TITLE	☐ Change ☐ Addition
NAME	BENSON, JAMES B	NAME	
STREET ADDRESS	ONE ADP BLVD	STREET ADDRESS	
CITY-ST-ZIP	ROSELAND NJ 07068	CITY-ST-ZIP	
TITLE	VTD	TITLE	V/CFO/D ☒ Change ☐ Addition
NAME	ANDERSON, FRED D JR	NAME	
STREET ADDRESS	ONE ADP BLVD	STREET ADDRESS	
CITY-ST-ZIP	ROSELAND NJ 07068	CITY-ST-ZIP	
TITLE	VD	TITLE	V/CONT/D ☒ Change ☐ Addition
NAME	HAVILAND, RICHARD J	NAME	
STREET ADDRESS	ONE ADP BLVD	STREET ADDRESS	
CITY-ST-ZIP	ROSELAND NJ 07068	CITY-ST-ZIP	
TITLE	PD	TITLE	AS ☒ Change ☐ Addition
NAME	WESTON, JOSH S	NAME	ROBERT J. SINGER
STREET ADDRESS	ONE ADP BLVD	STREET ADDRESS	ONE ADP BLVD.
CITY-ST-ZIP	ROSELAND NJ	CITY-ST-ZIP	ROSELAND, NJ 07068
TITLE		TITLE	V/T ☐ Change ☒ Addition
NAME		NAME	JOSEPH B. PIRRET
STREET ADDRESS		STREET ADDRESS	ONE ADP BLVD.
CITY-ST-ZIP		CITY-ST-ZIP	ROSELAND, NJ 07068
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 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 above, or on an attachment with an address.

SIGNATURE: _____ 4/21/95 **201-994-5525**

SIGNATURE AND TITLE OF AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0394401 FP

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DIVISION OF CORPORATIONS

DOCUMENT # 847069 (2)

1. Corporation Name

RENVALE CORPORATION

Principal Place of Business: 4463 ASHTON ROAD, SUITE E, SARASOTA FL 34233

Mailing Address: 4463 ASHTON ROAD, SUITE E, SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1980	3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-1976366	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21) Suite, Apt #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

LEMONTE, CRAIG D.
2030 LEEWYNN DRIVE EAST
SARASOTA FL 34240

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☐ Change ☐ Addition
NAME	LEMONTE, RENE S.	12 NAME	
STREET ADDRESS	448 GULF OF MEXICO DR.	13 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	LEMONTE, BURGES A.	22 NAME	
STREET ADDRESS	448 GULF OF MEXICO DR.	23 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	LEMONTE, CRAIG	32 NAME	
STREET ADDRESS	2030 LEEWYNN DR. E.	33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	LEMONTE, KAREN	42 NAME	
STREET ADDRESS	2030 LEEWYNN DR. E.	43 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(c)(6), 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.

SIGNATURE: Craig LeMonte Craig LeMonte 5/1/95 8139216304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0340369 CP