

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 846187

FILED
Apr 17, 2003
Secretary of State

Entity Name: ADP CLAIMS SOLUTIONS GROUP, INC.

Current Principal Place of Business:

ONE ADP BLVD., MS #433
ROSELAND, NJ 070688728

New Principal Place of Business:

Current Mailing Address:

ONE ADP BLVD., MS #433
ROSELAND, NJ 070688728

New Mailing Address:

FEI Number: 94-2617005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: BENSON, JAMES B
Address: ONE ADP BLVD
City-St-Zip: ROSELAND, NJ 07068 US

Title: VCD () Delete
Name: DYKSTRO, KAREN
Address: ONE ADP BLVD
City-St-Zip: ROSELAND, NJ 07068

Title: ASD () Delete
Name: SINGER, ROBERT J.
Address: ONE ADP BLVD
City-St-Zip: ROSELAND, NJ

Title: VPT () Delete
Name: COLOTTI, RAYMOND L.
Address: 1 ADP BLVD.
City-St-Zip: ROSELAND, NJ 07068

Title: DS () Delete
Name: DELORENZO, THOMAS
Address: ONE ADP BLVD
City-St-Zip: ROSELAND, NJ 07068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VCD (X) Change () Addition
Name: DYKSTRA, KAREN L
Address: ONE ADP BLVD
City-St-Zip: ROSELAND, NJ 07068

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: DELORENZO, THOMAS
Address: ONE ADP BLVD
City-St-Zip: ROSELAND, NJ 07068

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS DELORENZO

AS

04/17/2003

Electronic Signature of Signing Officer or Director

_____ Date