

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90023 005 ***150.00

DOCUMENT # F01000001819

1. Entity Name

CERIDIAN CORPORATION

Principal Place of Business

**3311 EAST OLD SHAKOPEE ROAD
MINNEAPOLIS MN 55425**

Mailing Address

**3311 EAST OLD SHAKOPEE ROAD
MINNEAPOLIS MN 55425**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-1981625

Applied For

Not Applicable

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	PCD			<input type="checkbox"/>	<input type="checkbox"/>
	TURNER, RONALD L	3311 EAST OLD SHAKOPEE ROAD	MINNEAPOLIS MN 55425		
	VCFO			<input type="checkbox"/>	<input type="checkbox"/>
	EICKHOFF, JOHN R	3311 EAST OLD SHAKOPEE ROAD	MINNEAPOLIS MN 55425		
	V			<input type="checkbox"/>	<input type="checkbox"/>
	GROSS, LOREN D	3311 EAST OLD SHAKOPEE ROAD	MINNEAPOLIS MN 55425		
	V			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	HOLCOMBE, TONY G	5301 MARYLAND WAY	BRENTWOOD TN 37027		
	V			<input type="checkbox"/>	<input type="checkbox"/>
	HUGHES, SHIRLEY J	3311 EAST OLD SHAKOPEE ROAD	MINNEAPOLIS MN 55425		
	V			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	KROW, GARY A	5301 MARYLAND WAY	BRENTWOOD TN 37027		
	ASSISTANT SECRETARY			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	LYNNE BOWMAN	3311 E. OLD SHAKOPEE RD	MINNEAPOLIS MN 55425		
	VP			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	GARY M. NELSON	3311 E. OLD SHAKOPEE ROAD	MINNEAPOLIS MN 55425		

CR2E034 (9/01)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/26/02 Daytime Phone #: 952-653-5602