

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004965

FILED  
Apr 13, 2010  
Secretary of State

**Entity Name:** CERIDIAN RETIREMENT PLAN SERVICES, INC.

**Current Principal Place of Business:**

3201 34TH STREET SOUTH  
ST. PETERSBURG, FL 33711

**New Principal Place of Business:**

**Current Mailing Address:**

3311 EAST OLD SHAKOPEE ROAD  
MINNEAPOLIS, MN 55425

**New Mailing Address:**

**FEI Number:** 94-2268840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** MGRD  
**Name:** VALDEZ, BART  
**Address:** 3201 34TH STREET SOUTH  
**City-St-Zip:** ST. PETERSBURG, FL 33711

**Title:** VP  
**Name:** ADAM, JURGEN K  
**Address:** 3311 E OLD SHAKOPEE ROAD  
**City-St-Zip:** MINNEAPOLIS, MN 55425

**Title:** VPSD  
**Name:** SHERIDAN, MICHAEL W  
**Address:** 5301 MARYLAND WAY  
**City-St-Zip:** BRENTWOOD, TN 37027

**Title:** VTD  
**Name:** KUHN AU, DAVID B  
**Address:** 3311 E OLD SHAKOPEE ROAD  
**City-St-Zip:** MINNEAPOLIS, MN 55425

**Title:** VP  
**Name:** VASSALOTTI, KEITH  
**Address:** 3201 34TH STREET SOUTH  
**City-St-Zip:** ST. PETERSBURG, FL 33711

**Title:** AS  
**Name:** PIEHLER-SHAW, KAREN  
**Address:** 3311 E OLD SHAKOPEE ROAD  
**City-St-Zip:** MINNEAPOLIS, MN 55425

I hereby 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 all other like empowered.

**SIGNATURE:** KAREN PIEHLER-SHAW

AS

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date