## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000002374

Entity Name: ADP TOTALSOURCE NH XXVIII, INC.

**FILED** Apr 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 10200 SUNSET DR MIAMI, FL 33175 **Current Mailing Address: New Mailing Address:** 10200 SUNSET DR MIAMI, FL 33175 FEI Number: 02-0418526 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DVS ( ) Delete Title: (X) Change ( ) Addition SINGER, ROBERT J Name: Name: SINGER, ROBERT J ONE ADP BLVD ONE ADP BLVD Address: Address: ROSELAND, NJ 07068 City-St-Zip: City-St-Zip: ROSELAND, NJ 07068 Title: Title: AS ( ) Delete () Change () Addition Name: CUETO, WILLIAM Name: 10200 SUNSET DR Address: Address: MIAMI, FL 33175 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition BENJAMIN, MARK BENJAMIN, MARK Name: Name: 10200 SUNSET DR 71 HANOVER RD Address: Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: FLORHAM PARK, NJ 07932 Title: ( ) Delete Title: () Change () Addition FERNANDEZ, SERGIO Name: Name: Address: 10200 SUNSET DR Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: Title: CFO Title: CFO ( ) Delete (X) Change ( ) Addition BYRNES, DAVID Name: Name: BURNS, MIKE 71 HANOVER RD Address: 71 HANOVER RD Address: FLORHAM PARK, NJ 07932 City-St-Zip: City-St-Zip: FLORHAM PARK, NJ 07932

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM CUETO AS 04/16/2009