2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001694

Entity Name: ADP TOTALSOURCE CO XXII, INC.

FILED Mar 19, 2008 Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place of Business:		
10200 SUI MIAMI, FL	NSET DRIVE 33173				
Current Mailing Address:			New Mailing Address:		
10200 SUI MIAMI, FL	NSET DRIVE 33173				
FEI Number: 84-1096158 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:		
2731 EXE		DRIVE, SUITE 4 JS			
	named entity s e of Florida.	submits this statement for the pu	urpose of changing i	ts registered	office or registered agent, or both,
SIGNATU	RE:				
	Electron	ic Signature of Registered Ager	nt		Date
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	P () RODRIGUEZ, C 10200 SUNSET MIAMI, FL 331	DRIVE	Title: Name: Address: City-St-Zip:	P (X BENJAMIN, M 10200 SUNSE MIAMI, FL 33	ET DRIVE
Title: Name: Address: City-St-Zip:	SD () SINGER, ROBE 10200 SUNSET MIAMI, FL 331	DRIVE	Title: Name: Address: City-St-Zip:	SD (X SINGER, ROE ONE ADP BLA ROSELAND, N	/D
Title: Name: Address: City-St-Zip:	CFO () FERNANDEZ, S 10200 SUNSET MIAMI, FL 331	DRIVE	Title: Name: Address: City-St-Zip:	DAVID, BYRN 71 HANOVER	
Title: Name: Address: City-St-Zip:	AS () CUETO, WILLIA 10200 SUNSET MIAMI, FL 331	DRIVE	Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address:	SVP () MASEDA, MIKE 10200 SUNSET		Title: Name: Address:	VP (X FERNANDEZ, 10200 SUNSE	

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.

City-St-Zip: MIAMI, FL 33173

SIGNATURE: WILLIAM CUETO AS 03/19/2008

City-St-Zip: MIAMI, FL 33173