

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000512

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** IP NETWORKED SERVICES INC.

**Current Principal Place of Business:**

ONE ADP BLVD  
ROSELAND, NJ 07068

**New Principal Place of Business:**

**Current Mailing Address:**

ONE ADP BLVD  
ROSELAND, NJ 07068

**New Mailing Address:**

**FEI Number:** 20-5685978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: GLADISH, KENNETH  
Address: 1950 HASSELL RD  
City-St-Zip: HOFFMAN ESTATES, IL 60169

Title: VTD  
Name: EBERHARD, MICHAEL  
Address: ONE ADP BLVD  
City-St-Zip: ROSELAND, NJ 07068

Title: AS  
Name: DELORENZO, THOMAS  
Address: ONE ADP BLVD  
City-St-Zip: ROSELAND, NJ 07068

Title: AS  
Name: GIBBONS, CHARLES  
Address: ONE ADP BLVD  
City-St-Zip: ROSELAND, NJ 07068

Title: VPC  
Name: REIDY, CHRISTOPHER  
Address: ONE ADP BLVD  
City-St-Zip: ROSELAND, NJ 07068

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: THOMAS DELORENZO

A/S

04/29/2011

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

\_\_\_\_\_ Date