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FILED
May 07 1997 8:00am
Secretary of State



PROFIT CORPORATION
 ANNUAL REPORT
 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F93000001650 (1)

1. Corporation Name
ADP HOLLANDER, INC.



Principal Place of Business
ONE ADP BOULEVARD
MS 433
ROSELAND NJ 07068

Mailing Address
ONE ADP BOULEVARD
MS 433
ROSELAND NJ 07068-1728

3. Date incorporated or Qualified **04/02/1993** 3a. Date of last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

4. FFL Number **22-3124431** Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **PSD**
 NAME **BENSON, JAMES B**
 STREET ADDRESS **ONE ADP BLVD**
 CITY-ST-ZIP **ROSELAND NJ 07068**
 DELETE

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **VCD**
 NAME **HAVILAND, RICHARD J**
 STREET ADDRESS **ONE ADP BLVD.**
 CITY-ST-ZIP **ROSELAND NJ 07068**
 DELETE

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **AS**
 NAME **SINGER, ROBERT J**
 STREET ADDRESS **ONE ADP BLVD.**
 CITY-ST-ZIP **ROSELAND NJ 07068**
 DELETE

3.1 TITLE **DIRECTOR**
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **VT**
 NAME **PIRRET, JOSEPH B**
 STREET ADDRESS **ONE ADP BLVD.**
 CITY-ST-ZIP **ROSELAND NJ 07068**
 DELETE

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DELETE

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DELETE

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address

SIGNATURE **JAMES B. BENSON** *ulose/107* 201 994-5525

CR2E034 (9/96)