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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500000996

1. Corporation Name

GSI OUTSOURCING CORPORATION

Principal Place of Business		Mailing Address		I 1051100 His 19161 Still Selly GENT Ship Selly GRIT Chief Chief Chief Chief
ONE ADP BLVD		ONE ADP BLVD MS 433		
MS 433 ROSELAND NJ 07068		ROSELAND NJ 07068		DO NOT WRITE IN THIS SPACE
US		US		3. Date Incorporated or Qualifed
				03/01/1995
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-3299745 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23		28	Country	
Zìp	Country	Zip 3	_	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	9. Name and Address of Current	_ 	ا ن	10. Name and Address of New Registered Agent
· · · · · · · · · · · · · · · · · · ·	3. Maille and Address of Current	r registered rigere	81 Nam	
CT	CORPORATION SYSTEM			(D.C. D. Al. Associable)
1200 SOUTH PINE ISLAND ROAD			82 Stre	et Address (P.O. Box Number is Not Acceptable)
PLAN	NTATION FL 33324		83	
				or 75 Codo
			84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name				ed 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.				
i	m familiar with, and accept the obligat	ions of, Section 607,0003, Fibric	ia Clatates.	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	egistered Agent signatu	ıre required when reinstating) DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BENSON, JAMES B		1.2 NAME	
STREET ADDRESS	ONE ADP BLVD		13 STREET ADDRE	ss
CITY-ST-ZIP	ROSELAND NJ 07068		1.4 CITY-ST-ZIP	
TITLE	VCD	☐ DELETE	2.1 TITLE	Change Addition
NAME	HAVILAND, RICHARD J		2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRE	ss
CITY-ST-ZIP	ROSELAND NJ 07068		2. 4 CITY-ST-ZIP	
TITLE	VT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COLOTTI, RAYMOND L		3.2 NAME	
STREET ADDRESS	ONE ADP BLVD		3.3 STREET ADDRE	ess
CITY-ST-ZIP	ROSELAND NJ 07068		3.4. CITY-ST-ZIP	
TITLE	AD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SINGER, ROBERT J		4. 2 NAME	
STREET ADDRESS	ONE ADP BLVD		4.3 STREET ADDRE	SS
CITY-ST-ZIP	ROSELAND NJ 07068	——————————————————————————————————————	4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRE	iss
CITY-ST-ZIP		C actere	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
TITLE		☐ DELETE		_ Shalige _ Notice!
NAME			6.2 NAME	
STREET ANDRESS	i		6.3 STREET ADDRE	:>>

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

JAMES B. BENSON

994-5525 973