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May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90167 048 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002686

1. Corporation Name

TIME RESOURCE MANAGEMENT, INC.

Principal Place of Business

1000 HOLCUMB WOODS PARKWAY  
SUITE 116  
ROSWELL GA 30076

Mailing Address

1000 HOLCUMB WOODS PARKWAY  
SUITE 116  
ROSWELL GA 30076

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1995

4. FEI Number

43-1713804

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 ONE ADP BLVD.

Suite, Apt. #, etc.

27

City & State

28 ROSELAND, NJ

Zip

29 07068

Country

30

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	COBS	<input checked="" type="checkbox"/> DELETE
NAME	FARMER, JIM G	
STREET ADDRESS	17 CLERMONT LANE	
CITY-ST-ZIP	ST. LOUIS MO 63124	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	FARMER, JIM G	
STREET ADDRESS	17 CLERMONT LANE	
CITY-ST-ZIP	ST. LOUIS MO 63124	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, ROBERT J	
STREET ADDRESS	1000 HOLCUMB WOODS PARKWAY, #116	
CITY-ST-ZIP	ROSWELL GA 30076	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, PETER R	
STREET ADDRESS	35 MEADOW HILL DRIVE	
CITY-ST-ZIP	TIBURON CA 94920	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DILLARD, ALEXANDER	
STREET ADDRESS	1600 CANTRELL ROAD	
CITY-ST-ZIP	LITTLE ROCK AR 72201	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES B. BENSON	
1.3 STREET ADDRESS	ONE ADP BLVD.	
1.4 CITY-ST-ZIP	ROSELAND, NJ 07068	
2.1 TITLE	VPC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RICHARD J. HAVILAND	
2.3 STREET ADDRESS	ONE ADP BLVD.	
2.4 CITY-ST-ZIP	ROSELAND, NJ 07068	
3.1 TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROBERT J. SINGER	
3.3 STREET ADDRESS	ONE ADP BLVD.	
3.4 CITY-ST-ZIP	ROSELAND, NJ 07068	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES B. BENSON

973

994-5525

Date

Daytime Phone #

CR2E034 (11/98)