

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000004681 (1)

1. Corporation Name
ADP VEHICLE REGISTRATION, INC.



Principal Place of Business: **ONE ADP BOULEVARD ROSELAND NJ 07068**
Mailing Address: **ONE ADP BOULEVARD ROSELAND NJ 07068**

3. Date incorporated or Qualified: **09/26/1995** 3a. Date of Last Report
4. FEI Number: **95-3962539** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **ONE ADP BOULEVARD ROSELAND NJ 07068**
2a. Mailing Address: **ONE ADP BOULEVARD ROSELAND NJ 07068**
21. Suite, Apt. #, etc.: **MS433**
22. City & State:
23. Zip: Country:
24. 25. 29. 30. Country:

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, FRED D JR.	
STREET ADDRESS	ONE ADP BOULEVARD	
CITY - ST - ZIP	ROSELAND NJ 07068	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	BENSON, JAMES B	
STREET ADDRESS	ONE ADP BOULEVARD	
CITY - ST - ZIP	ROSELAND NJ 07068	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUTLER, GARY C	
STREET ADDRESS	ONE ADP BOULEVARD	
CITY - ST - ZIP	ROSELAND NJ 07068	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HAVLAND, RICHARD J	
STREET ADDRESS	ONE ADP BOULEVARD	
CITY - ST - ZIP	ROSELAND NJ 07068	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	PIRRET, JOSEPH B	
STREET ADDRESS	ONE ADP BOULEVARD	
CITY - ST - ZIP	ROSELAND NJ 07068	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SINGER, ROBERT J	
STREET ADDRESS	ONE ADP BOULEVARD	
CITY - ST - ZIP	ROSELAND NJ 07068	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	v/e/d
43. STREET ADDRESS	
44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Robert J Singer* 4/24/96 201-994-5525
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date of Filing #

CR2E034 (12/95)