2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2010
Secretary of State

DOCUMENT# F97000005244

Entity Name: PAYCHEX INSURANCE AGENCY, INC.

Current Principal Place of Business:

911 PANORAMA TRAIL SOUTH
ROCHESTER, NY 14625 US

New Principal Place of Business:

Current Mailing Address:

911 PANORAMA TRAIL SOUTH
ROCHESTER, NY 14625 US

New Mailing Address:

FEI Number: 16-1528391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD
Name: HILL, KEVIN
Address: 911 PANORAMA TRAIL SOUTH
City-St-Zip: ROCHESTER, NY 14625 US

Title: STD
Name: MORPHY, JOHN
Address: 911 PANORAMA TRAIL SOUTH
City-St-Zip: ROCHESTER, NY 14625 US

Title: D
Name: FOERY, PAUL
Address: 911 PANORAMA TRAIL SOUTH
City-St-Zip: ROCHESTER, NY 14625 US

Title: VD
Name: SWETMAN, JOANNE
Address: 911 PANORAMA TRAIL SOUTH
City-St-Zip: ROCHESTER, NY 14625 US

Title: VD
Name: DOWD, JOSEPH
Address: 911 PANORAMA TRAIL SOUTH
City-St-Zip: ROCHESTER, NY 14625 US

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: JOHN MORPHY S 03/19/2010

Electronic Signature of Signing Officer or Director Date