

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005244

FILED
Apr 07, 2011
Secretary of State

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

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: 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

SEC

04/07/2011

Electronic Signature of Signing Officer or Director

Date