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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700005785 (7) 1. Corporation Name

TRINET EMPLOYER GROUP, INC.

Principal Place of Business	Mailing Address
101 CALLAN AVE., 3RD FL. SAN LEANDRO CA 94577	101 CALLAN AVE., 3RD FL. SAN LEANDRO CA 94577
2. Principal Place of Business	2a. Mailing Address
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FILED Apr 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/15/1997 4. FEI Number Applied For 94-3081033 Not Applicable Sulte, Apt. #, etc. State, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30 Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPORATION SERVICE COMPANY 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 84 City Zip Code 85 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: typical is printed name of repetured agent and tille if applicable (NOTE Registered Agent a gnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TiTLE Change BABINEC, MARTIN NAME 1.2 NAME **516 BEVERLY AVE.** STREET ADDRESS 1.3 STREET ADDRESS SAN LEANDRO CA 94577 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition BACH, DEISY 2.2 NAME **26 INVERNESS CT.** STREET ADDRESS 2.3 STREET ADDRESS SAN RAMON CA 94583 CITY-ST-ZIP 2 4 CITY-ST-7IP DELETE TITLE 3.1 TITLE Change Addition NAME BABINEC, KRISTA 3.2 NAME **516 BEVERLY AVE.** STREET ADDRESS 3.3 STREET ADDRESS SAN LEANDRO CA 94577 CITY-ST-ZIP 3.4. CITY - ST - ZIP TCFO. DELETE TITLE 4.1 TITLE Change Addition **DEVLIN, DOUGLAS P** NAME 4. 2 NAME **602 BEVERLY AVE.** STREET ADDRESS 4.3 STREET ADDRESS **SAN LEANDRO CA 94577** CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREE1 ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 altasymment with an address.