2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # F99000002223



ADVANTAGE PAYROLL SERVICES, INC. 14002110 Principal Place of Business Mailing Address 911 PANORAMA TRAIL SOUTH 911 PANORAMA TRAIL SOUTH ROCHESTER, NY 14625 ROCHESTER, NY 14625 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 01-0287147 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent, SIGNATURE. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DVTS TITLE ☐ Delete TITLE ☐ Change ☐ Addition MORPHY, JOHN NAME NAME STREET ADDRESS 911 PANORAMA TRAIL SOUTH STREET ADDRESS ROCHESTER, NY 14625 CITY-ST-ZIP CITY-ST-ZIP TITLE C) Oelete TITLE Change ☐ Addition JOHNTHAN J. JUNE NAME GOLISANO, B. THOMAS NAME 94 PANORAMA TRAL SOUTH STREET ADDRESS 911 PANORAMA TRAIL SOUTH STREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14625 ROCHESTER NY 14025 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attackment with an address, withall other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-71P

☐ Delete

Delete

ITED NAME OF SIGNING OFFICER

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR P

FILED

Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90246 036 ***150.00

☐ Change

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