

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 APR 29 PM 2:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # G81043 (3)

1. Corporation Name
ADP TOTALSOURCE I, INC.

Principal Place of Business
4010 STATE STREET TAMPA FL 33609

Mailing Address
4010 STATE STREET TAMPA FL 33609-1264

3. Date Incorporated or Qualified
01/26/1984

3a. Date of Last Report
04/24/1996

4. FEI Number
59-2366440

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

21 Suite, Apt #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 **ONE ADP BLVD.**

27 Suite, Apt #, etc.

28 **MS 433 ROSELAND, NJ**

29 Zip

30 Country

9. Name and Address of Current Registered Agent
**HOLCOMB, VICTOR W.
315 SOUTH HYDE PARK AVE.
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name **CT CORPORATION SYSTEM**

82 Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND ROAD

83

84 City **PLANTATION FL**

85 Zip Code **33324**

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 *Patrick Nolan* **PATRICK NOLAN, ASST. SECY.** DATE **4/28/97**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	HARDER, WILLIAM	
STREET ADDRESS	904 VALMAR	
CITY-ST-ZIP	BRANDON FL	
TITLE	VD	<input type="checkbox"/>
NAME	HOLT, WILLIAM	
STREET ADDRESS	5820 DORY WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	STD	<input type="checkbox"/>
NAME	AUST, DENNIS	
STREET ADDRESS	3003 SAMARA	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/>
NAME	VOLPI, DAVID	
STREET ADDRESS	3911 SWANN	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/>
NAME	WALKER, JEFFREY D	
STREET ADDRESS	3701 MONARCH DR.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PRES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	JAMES B. BENSON		
1.3 STREET ADDRESS	ONE ADP BLVD.		
1.4 CITY-ST-ZIP	ROSELAND, NJ 07068		
2.1 TITLE	VP/CONTROLLER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	RICHARD J. HAVILAND		
2.3 STREET ADDRESS	ONE ADP BLVD.		
2.4 CITY-ST-ZIP	ROSELAND, NJ 07068		
3.1 TITLE	VP/TREAS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	JOSEPH B. PIRRET		
3.3 STREET ADDRESS	ONE ADP BLVD.		
3.4 CITY-ST-ZIP	ROSELAND, NJ 07068		
4.1 TITLE	ASST SEC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	ROBERT J. SINGER		
4.3 STREET ADDRESS	ONE ADP BLVD.		
4.4 CITY-ST-ZIP	ROSELAND, NJ 07068		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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****165.00 ****165.00

14. I do 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 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. 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: *James B. Benson* **JAMES B. BENSON** DATE **4/24/97** DAYTIME PHONE # **201 994-5525**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)