2000 UNIFORM BUSINESS REPORT (UBR)

May 11, 2000 8:00 am Secretary of State **DOCUMENT # G81043** 05-11-2000 90300 025 ***150.00 ADP TOTALSOURCE I, INC. Mailing Address Principal Place of Business ONE ADP BLVD 4010 STATE STREET MS433 TAMPA FL 33609 ROSELAND NJ 07068 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2366440 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVENUE TALLAHASSEE FL 32301 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE TITLE HALL, T NAME NAME STREET ADDRESS ONE ADP BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ROSELAND NJ 07068** VSD ☐ Change Addition ☐ Delete TITI F TITLE SINGER, R J NAME NAME STREET ADDRESS STREET ADDRESS ONE ADP BLVD CITY-ST-ZIP CITY-ST-ZIP ROSELAND NJ 07068 ☐ Change Addition **VPT** Delete TITLE CAHILL, GREGORY NAME NAME STREET ADDRESS STREET ADDRESS ONE ADP BLVD CITY-ST-ZIP CITY-ST-ZIP **ROSELAND NJ 07068** Change ☐ Addition ☐ Delete TITLE TITLE BUSKO, G NAME NAME STREET ADDRESS ONE ADP BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ROSELAND NJ 07068** ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an appress, with all other like empowered.

SIGNATURE:

SIGNATURE AND DIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

973 974-5525

FILED

Daytime Phone #