2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # H25835 03-03-2004 90003 027 ***150.00 ADP TOTALSOURCE FL XII, INC. Mailing Address Principal Place of Business 10200 SUNSET DR. 10200 SUNSET DR. 54014274 MIAMI, FL 33173-3466 US MIAMI, FL 33173-3466 US 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. CR2E034 (10/03) 01072004 Chg-P 4. FEI Number Applied For City & State City & State Not Applicable 59-2452319 Country \$8.75 Additional Zìp Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVENUE TALLAHASSEE, FL 32301 Zip Code City FI 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. TITLE ☐ Change ☐ Addition TITLE AS ☐ Delete NAME NAME CUETO, WILLIAM STREET ADDRESS 10200 SUNSET DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33173 ☐ Change ■ Addition TITLE ☐ Delete TITLE SINGER, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS ONE ADP BOULEVARD CITY-ST-ZIP CITY - ST-ZIP ROSELAND, NJ 07068 Division Controller Addition Delete TITLE ☐ Change TITLE Peter Stewart FERNANDEZ, SERGIO NAME NAME JOSEPH ELECTIVE COLOR STREET ADDRESS 10200 SUNSET DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 iani, Florida 33173 CITY-ST-ZIP ☐ Change ☐ Addition Oelete TITLE TITLE NAME RODRIGUEZ, CARLOS NAME STREET ADDRESS STREET ADDRESS 10200 SUNSET DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33173 TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

TORE AND TYPED OR DENINTED VAME OF SIGNING OFFICER OR DIRECT

1/4/50

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FILED Mar 03, 2004 8:00 am