FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2002 8:00 am Secretary of State DOCUMENT # 1 34542 1. Entity Name ADP TOTALSOURCE FL XVI, INC. 02-07-2002 90191 035 ***150.00 Principal Place of Business Mailing Address 10200 SUNSET DR 10200 SUNSET DR MIAM! FL 33173 MIAM! FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0161093 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARSTON, ELIZABETH J. Street Address (P.O. Box Number is Not Acceptable) 10200 SUNSET DR **MIAMI FL 33173** Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE CF0 Delete TITLE Addition RODRIGUEZ, CARLOS A NAME NAME STREET ADDRESS 10200 SUNSET DR STREET ADDRESS 13 01068 CITY-ST-ZIP MIAMI FL 33173 CITY-ST-ZIP CFO Addition TITLE TITLE ☐ Delete ☐ Change Servio Fermandez NAME SINGER, ROBERT J NAME 10200 Sunset Drive STREET ADDRESS ONE ADP BLVD STREET ADDRESS MIAMILTL 33173 CITY-ST-ZIP ROSELAND NJ 07068 CITY-ST-ZIP President ☐ Delete TITLE Change **□** Addition TITLE AS REDITIONEZ, CARLOS.A NAME CUETO, WILLIAM NAME 102005 Unset Drive STREET ADDRESS 10200 SUNSET DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33173 Miami, FC 33173 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sicciam Quedo SIGNATURE AND TYPED OR PRINTED NAME OF SIGN