

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90161 001 \*\*\*150.00

DOCUMENT # L65668

1. Corporation Name ADP TOTALSOURCE II, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
W. STATE STREET FL 33609		ONE ADP BLVD MS 433 ROSELAND NJ 07068 US	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-3004217	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Zip	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Country	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
25	29	30	8. This corporation owes the current year Intangible Personal Property Tax.
			<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Date Incorporated or Qualified	04/17/1990
4. FEI Number	59-3004217
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HALL, T	
STREET ADDRESS	ONE ADP BLVD	
CITY-ST-ZIP	ROSELAND NJ 07068	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SINGER, R J	
STREET ADDRESS	ONE ADP BLVD	
CITY-ST-ZIP	ROSELAND NJ 07068	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	KIRKUP, D	
STREET ADDRESS	ONE ADP BLVD	
CITY-ST-ZIP	ROSELAND NJ 07068	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	SINGER, ROBERT J	
STREET ADDRESS	ONE ADP BLVD	
CITY-ST-ZIP	ROSELAND NJ 07068	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GREGORY EAHILL	
3.3 STREET ADDRESS	ONE ADP BLVD	
3.4 CITY-ST-ZIP	ROSELAND, NJ 07068	
4.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GREGORY BUSKO	
4.3 STREET ADDRESS	ONE ADP BLVD	
4.4 CITY-ST-ZIP	ROSELAND, NJ 07068	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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; 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ ROBERT J. SINGER 4/23/99 973 994-5525

CR2E034 (11/98)