FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 28, 2002 8:00 am Secretary of State **DOCUMENT #** L69049 1. Entity Name 05-28-2002 91501 039 ***150.00 ADVANTAGE PAYROLL SERVICES OF FLORIDA, INC. Mailing Address Principal Place of Business PO BOX 1330 2300 W SAMPLE RD **AUBURN ME 04211-1330** SUITE 302 POMPANO BEACH FL 33073 3. Mailing Address 2. Principal Place of Business Militari DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0197700 Not Applicable port \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Flection Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE Daniel M. Gill 227 West Monroe St. - Suite 4800 NAME LATHROP, CHARLES W JR NAME STREET ADDRESS 126 MERROW RD STREET ADDRESS CITY-ST-ZIP **AUBURN ME 04211** CITY-ST-ZIP ☐ Delete TITLE TITLE NAME MCGRAIL, PETER NAME 1 West Monrae St STREET ADDRESS STREET ADDRESS 126 NERROW RD CITY-ST-ZIP urago IL boloob **AUBURN ME 04211** CITY-ST-ZIP Addition ☐ Delete TITI F George K-Trill Hill TITLE P. Allman NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME 3/19 Sea Meadows Lave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP armouth ME 04096 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE Hollis W. Rademacher NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

OFFICER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR