


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

FILED

Sep 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M35411**
1. Corporation Name

Paychex Business Solutions, Inc.

Principal Place of Business Mailing Address

**10105 9th Street North
St. Petersburg, Florida 33716**

3. Date Incorporated or Qualified **7/18/86** 3a. Date of Last Report **5/14/97**
4. FEI Number **59-2693969** Applied For
Not Applicable

2. Principal Place of Business 21 10105 9th Street North Suite, Apt. #, etc. 22 City & State 23 St. Petersburg, FL Zip 24 33716	2a. Mailing Address 26 10105 9th Street North Suite, Apt. #, etc. 27 City & State 28 St. Petersburg, FL Zip 29 33716	Country 25 U.S. 30 U.S.
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CT Corporation System
1200 S. Pine Island Road
Plantation, Florida 33324**

10. Name and Address of New Registered Agent

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

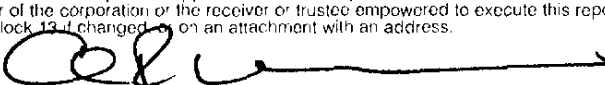
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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	President <input checked="" type="checkbox"/> DELETE
NAME	Stuart G. Lasher
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Vice President <input checked="" type="checkbox"/> DELETE
NAME	Richard Warshoff
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	Acting President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Craig Hill
1.3 STREET ADDRESS	10105 9th Street North
1.4 CITY-ST-ZIP	St. Petersburg, FL 33716
2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	A. R. Curcio
2.3 STREET ADDRESS	10105 9th Street North
2.4 CITY-ST-ZIP	St. Petersburg, FL 33716
3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Anthony Tortorella
3.3 STREET ADDRESS	911 Panorama Trail South
3.4 CITY-ST-ZIP	Rochester, NY 14625 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	John Morphy
4.3 STREET ADDRESS	911 Panorama Trail South
4.4 CITY-ST-ZIP	Rochester, NY 14625 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  **July 29, 1997 (813) 579-0505**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)