

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

FILED

May 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M35411 (1)  
1. Corporation Name  
PAYCHEX BUSINESS SOLUTIONS, INC.



Principal Place of Business  
10105 9TH STREET NORTH  
ST. PETERSBURG FL 33716  
US

Mailing Address  
10105 9TH STREET NORTH  
ST. PETERSBURG FL 33716  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/18/1986	
21	Suite, Apt. #, etc.	26	911 Panorama Trail South	4. FEI Number 59-2693969	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Rochester NY	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	14625	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

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

Signature: Typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	Hill, Craig	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, CRAIG			1.2 NAME			
STREET ADDRESS	10105 9TH STREET NORTH			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33716			1.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CURCIO, A.R.			2.2 NAME			
STREET ADDRESS	10105 9TH STREET NORTH			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33716			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORTORELLA, ANTHONY			3.2 NAME			
STREET ADDRESS	911 PANORAMA TRAIL SOUTH			3.3 STREET ADDRESS			
CITY-ST-ZIP	ROCHESTER NY 14625			3.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORPHY, JOHN			4.2 NAME			
STREET ADDRESS	911 PANORAMA TRAIL SOUTH			4.3 STREET ADDRESS			
CITY-ST-ZIP	ROCHESTER NY 14625			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	Polissen, Eugene R.		
STREET ADDRESS				5.3 STREET ADDRESS	911 Panorama Trail South		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Rochester, NY 14625		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE:

John M. Morphy 4/24/98 (716) 385-6666

CR2E034 (10/97)