

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: **21**
 2a. Mailing Address: **26 911 Panorama Trail South**
 Suite, Apt. #, etc.
 22 City & State: **27 Rochester NY**
 23 Zip: **24 14625** Country: **25**
 29 Zip: **30 Monroe** Country: **30**

3. Date Incorporated or Qualified: **07/18/1986**
 4. FEI Number: **59-2693969** Applied For: Not Applicable
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 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'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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, CRAIG	1.2 NAME	Hill, Craig
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	P
STREET ADDRESS		5.3 STREET ADDRESS	Polissen, Eugene R.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	911 Panorama Trail South
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)