

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  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90171 028 \*\*\*150.00

DOCUMENT # M35411

1. Corporation Name

PAYCHEX BUSINESS SOLUTIONS, INC.

Principal Place of Business

10105 9TH STREET NORTH  
ST. PETERSBURG FL 33716  
US

Mailing Address

911 PANARAMA TRAIL S  
ROCHESTER NY 14625  
US

DO NOT WRITE IN THIS SPACE

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

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. (FILED 2/99)

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 911 PANORAMA TRAILS  
27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V  
NAME HILL, C  
STREET ADDRESS 10105 9TH STREET NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33716

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VP  
NAME TORTORELLA, ANTHONY  
STREET ADDRESS 911 PANORAMA TRAIL SOUTH  
CITY-ST-ZIP ROCHESTER NY 14625

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

V  
ANTHONY TORTORELLA  
7 ROYALE DRIVE  
FAIRPORT NY 14450

☒ Change

☐ Addition

TITLE STD  
NAME MORPHY, JOHN  
STREET ADDRESS 911 PANORAMA TRAIL SOUTH  
CITY-ST-ZIP ROCHESTER NY 14625

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

STD  
JOHN MORPHY  
51 VINEYARD HILL  
FAIRPORT NY 14450

☒ Change

☐ Addition

TITLE P  
NAME POLISSENI, E R  
STREET ADDRESS 911 PANORAMA TR S  
CITY-ST-ZIP ROCHESTER NY 14625

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

P  
EUGENE POLISSENI  
16 BEAULAIKE LANE  
FAIRPORT NY 14450

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Eugene Polisseni  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
EUGENE POLISSENI, PRESIDENT

4/13/99

Date

714-385-6666

Daytime Phone #

CR2E034 (11/98)