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
Mar 11, 1999 8:00 am
Secretary of State
03-11-1999 90159 001 ***150.00

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DOCUMENT # P00784

1. Corporation Name

ADP MARSHALL, INC.

Principal Place of Business	Mailing Address
2480 N. ARCADIA AVE. TUCSON AZ 85712	~~2480 N. ARCADIA AVE. TUCSON AZ 85712~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed	02/01/1984

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26	3353 MICHELSON DR	86-0257162	Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	551M	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23		City & State 28	IRVINE, CA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 92698	Country 30 USA	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301	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

CR2E034 (11/98)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change	☒ Addition
NAME	MCNAMARA,		1.2 NAME	McNAMARA, RA		
STREET ADDRESS	3353 MICHELSON DR		1.3 STREET ADDRESS			
CITY-ST-ZIP	IRVINE CA 92698		1.4 CITY-ST-ZIP			
TITLE	CVP	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	HARMAN, DD		2.2 NAME			
STREET ADDRESS	2480 N ARCADIA AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	TULSA AZ 85712		2.4 CITY-ST-ZIP			
TITLE	SPVT	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	HULL, SF		3.2 NAME			
STREET ADDRESS	3353 MICHELSON DR		3.3 STREET ADDRESS			
CITY-ST-ZIP	IRVINE CA 92698		3.4 CITY-ST-ZIP			
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	FISHER, LN		4.2 NAME			
STREET ADDRESS	3353 MICHELSON DR		4.3 STREET ADDRESS			
CITY-ST-ZIP	IRVINE CA 92698		4.4 CITY-ST-ZIP			
TITLE	V	☒ DELETE	5.1 TITLE	AT	☐ Change	☒ Addition
NAME	OWEN, PHILIP		5.2 NAME	MORROW, T.H.		
STREET ADDRESS	7305 E. SHOREWARD LOOP		5.3 STREET ADDRESS	3353 MICHELSON DR.		
CITY-ST-ZIP	TUCSON AZ		5.4 CITY-ST-ZIP	IRVINE, CA 92698		
TITLE	V	☒ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME	MICHAEL, STANLEY E		6.2 NAME			
STREET ADDRESS	11628 E. DEL TIMBRE DRIVE		6.3 STREET ADDRESS			
CITY-ST-ZIP	SCOTTSDALE AZ 85259		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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. H. MORROW
ASSISTANT TREASURER   3/10/99   (949) 975-4031
Date   Daytime Phone #