"AMENDMENT"

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

APPROVED

99 AUG -6 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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 Qualified: 02/01/1984

2. Principal Place of Business 21	2a. Mailing Address 26 3353 MICHELSON DR	4. FEI Number: 86-0257162	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 551M	5. Certificate 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	Vice President	☐ Change ☒ Addition
NAME	HARMAN, DD		2.2 NAME	Sawyer, Stephen J.	
STREET ADDRESS	2480 N ARCADIA AVE		2.3 STREET ADDRESS	2480 North Arcadia Avenue	
CITY-ST-ZIP	TULSA AZ 85712		2.4 CITY-ST-ZIP	Tucson, AZ 85712	
TITLE	SPVT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HULL, SF		3.2 NAME	700002955377--6	
STREET ADDRESS	3353 MICHELSON DR		3.3 STREET ADDRESS	-08/10/99--01023--001	
CITY-ST-ZIP	IRVINE CA 92698		3.4 CITY-ST-ZIP	*****61.25 *****61.25	
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	11626 E. DEL TIMBRE DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE AZ 85259		6.4 CITY-ST-ZIP		

8/6-99

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 _____