

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90426 035 ***150.00

DOCUMENT # **P00784**

1. Entity Name

ADP MARSHALL, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ONE ENTERPRISE DR

3. Mailing Address

ONE ENTERPRISE DRIVE

Suite, Apt. #, etc.

F2B

Suite, Apt. #, etc.

F2B

City & State

ALISO VIEJO

City & State

ALISO VIEJO, CA

Zip

92656

Country

US

Zip

92656-2606

Country

US

4. FEI Number

86-0257162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NRAI SERVICES, INC

Street Address (P.O. Box Number is Not Acceptable)

526 EAST PARK AVE

City

TALLA HASSEE

FL

Zip Code

32801

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT B.A. McNAMARA ONE ENTERPRISE DR, F2B ALISO VIEJO, CA 92656-2606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V-PRESIDENT S.F. HULL ONE ENTERPRISE DR., F2B ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASST. TREASURY MIN C. TSENG ONE ENTERPRISE DR. F2B ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO D.M. PEREIRA ONE ENTERPRISE DR. ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR L.N. FISHER ONE ENTERPRISE DR. F2B ALISO VIEJO, CA 92656

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIN C. TSENG

4/2/02

949-349-6091

Date

Daytime Phone #

CR2E034B (12/01)