

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09529

Entity Name: ADP CREDIT CORP.

FILED
Jan 30, 2004
Secretary of State

Current Principal Place of Business:

ONE ADP BOULEVARD
ROSELAND, NJ 070688728

New Principal Place of Business:

Current Mailing Address:

ONE ADP BOULEVARD
MS433
ROSELAND, NJ 070688728 US

New Mailing Address:

FEI Number: 22-2497486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: BENSON, JAMES B
Address: ONE ADP BLVD.
City-St-Zip: ROSELAND, NJ 07068

Title: VTD () Delete
Name: DYKSTRA, KAREN E
Address: ONE ADP BLVD.
City-St-Zip: ROSELAND, NJ 07068

Title: ASD () Delete
Name: SINGER, ROBERT J
Address: ONE ADP BLVD.
City-St-Zip: ROSELAND, NJ 07068

Title: AS () Delete
Name: DE LORENZO, THOMAS
Address: ONE ADP BLVD
City-St-Zip: ROSELAND, NJ 07068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS DELORENZO

AS

01/30/2004

Electronic Signature of Signing Officer or Director

Date