2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P23263

Entity Name: ROBERT F. WHITE & CO.

FILED Apr 18, 2003 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
ONE ADP BLVD. ROSELAND, NJ 07068						
Current Ma	iling Address	::	New Mailii	New Mailing Address:		
ONE ADP BLVD., M.S. 433 ROSELAND, NJ 07068 US			MS433	ONE ADP BLVD. MS433 ROSELAND, NJ 07068		
FEI Number:	36-2518225	FEI Number Applied For () FE	I Number Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324						
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:				04/18/2003		
Electronic Signature of Registered Agent					Date	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip:	PSD () BENSON, JAME: ONE ADP BLVD: ROSELAND, NJ		Title: Name: Address: City-St-Zip:	PSD (X) OBENSON, JAMES ONE ADP BLVD. ROSELAND, NJ		
Title: Name: Address: City-St-Zip:	VCD () DYKSTRA, KARI ONE ADP BLVD ROSELAND, NJ		Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	ASD () SINGER, ROBER ONE ADP BLVD. ROSELAND, NJ		Title: Name: Address: City-St-Zip:	()(Change()Addition	
Title: Name: Address: City-St-Zip:	VPT () COLOTTI, R L ONE ADP BLVD ROSELAND, NJ	Delete 07068	Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	AS () DELORENZO, TI ONE ADP BLVD ROSELAND, NJ		Title: Name: Address: City-St-Zip:	()(Change()Addition	

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 04/18/2003