

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P39588 (9)
1. Corporation Name
ELECTRONIC ACCOUNTING SYSTEMS, INC.



Principal Place of Business
ONE ADP BOULEVARD
ROSELAND NJ 07068

Mailing Address
ONE ADP BOULEVARD
MS 433
ROSELAND NJ 07068
US

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/10/1992 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 16-0871218 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 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 | | (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | NAME | DELETED | | | |
| STREET ADDRESS | PSD BENSON, JAMES B | | | | |
| CITY-ST-ZIP | ONE ADP BOULEVARD ROSELAND NJ 07068 | | | | |
| TITLE | NAME | DELETED | | | |
| STREET ADDRESS | VCD HAMILAND, RICHARD J | | | | |
| CITY-ST-ZIP | ONE ADP BOULEVARD ROSELAND NJ | | | | |
| TITLE | NAME | DELETED | | | |
| STREET ADDRESS | AS SINGER, ROBERT J | | | | |
| CITY-ST-ZIP | ONE ADP BOULEVARD ROSELAND NJ 07068 | | | | |
| TITLE | NAME | DELETED | | | |
| STREET ADDRESS | VT PIRRET, JOSEPH B. | | | | |
| CITY-ST-ZIP | ONE ADP BLVD. ROSELAND NJ | | | | |
| TITLE | NAME | DELETED | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | NAME | DELETED | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 11 TITLE | | Change Addition | | | |
| 12 NAME | | Change Addition | | | |
| 13 STREET ADDRESS | | Change Addition | | | |
| 14 CITY-ST-ZIP | | Change Addition | | | |
| 21 TITLE | | Change Addition | | | |
| 22 NAME | | Change Addition | | | |
| 23 STREET ADDRESS | | Change Addition | | | |
| 24 CITY-ST-ZIP | | Change Addition | | | |
| 31 TITLE | | Change Addition | | | |
| 32 NAME | | Change Addition | | | |
| 33 STREET ADDRESS | | Change Addition | | | |
| 34 CITY-ST-ZIP | | Change Addition | | | |
| 41 TITLE | | Change Addition | | | |
| 42 NAME | | Change Addition | | | |
| 43 STREET ADDRESS | | Change Addition | | | |
| 44 CITY-ST-ZIP | | Change Addition | | | |
| 51 TITLE | | Change Addition | | | |
| 52 NAME | | Change Addition | | | |
| 53 STREET ADDRESS | | Change Addition | | | |
| 54 CITY-ST-ZIP | | Change Addition | | | |
| 61 TITLE | | Change Addition | | | |
| 62 NAME | | Change Addition | | | |
| 63 STREET ADDRESS | | Change Addition | | | |
| 64 CITY-ST-ZIP | | Change Addition | | | |

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.

SIGNATURE
JAMES B. BENSON
4/27/98
673-904-5535

CR2E034 (10/97)