

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000020419

FILED
Jan 30, 2009
Secretary of State

Entity Name: ADP TOTALSOURCE FL XVIII, INC.

Current Principal Place of Business:

10200 SUNSET DR.
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

10200 SUNSET DR.
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 65-0399700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: VP () Delete
Name: FERNANDEZ, SERGIO
Address: 10200 SUNSET DR.
City-St-Zip: MIAMI, FL 33173

Title: P () Delete
Name: BENJAMIN, MARK
Address: 10200 SUNSET DR.
City-St-Zip: MIAMI, FL 33173

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

Title: AS () Delete
Name: CUETO, WILLIAM
Address: 10200 SUNSET DR.
City-St-Zip: MIAMI, FL 33173

Title: CFO () Delete
Name: BYRNES, DAVID
Address: 71 HANOVER RD
City-St-Zip: FLORHAM PARK, NJ 07932

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: BENJAMIN, MARK
Address: 71 HANOVER RD
City-St-Zip: FLORHAM PARK, NJ 07932

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

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

Title: CFO (X) Change () Addition
Name: BURNS, MIKE
Address: 71 HANOVER RD
City-St-Zip: FLORHAM PARK, NJ 07932

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM CUETO

AS

01/30/2009

Electronic Signature of Signing Officer or Director

_____ Date