

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**FILED**

97 APR 29 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000086357 (9)**

1. Corporation Name  
**ADP TOTALSOURCE, INC.**



Principal Place of Business  
**4010 WEST STATE STREET  
TAMPA FL 33609**

Mailing Address  
**4010 WEST STATE STREET  
TAMPA FL 33609-1264**

3. Date Incorporated or Qualified  
**12/16/1993**

3a. Date of Last Report  
**04/24/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3216484		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
23		ROSELAND, NJ		29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		30			
24		07068					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOLCOMB, VICTOR W. 415 SOUTH HYDE PARK TAMPA FL 33606				81 Name <b>CT CORPORATION SYSTEM</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. PINE ISLAND ROAD</b>			
				83			
				84 City <b>PLANTATION</b>			
				85 Zip Code <b>FL 33324</b>			

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: *Patrick Nolan* **PATRICK NOLAN, ASST. SECY.** DATE: **4/28/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PRES	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARPER, WILLIAM H			1.2 NAME	JAMES B. BENSON		
STREET ADDRESS	901 VALMAR			1.3 STREET ADDRESS	ONE ADP BLVD.		
CITY-ST-ZIP	BRANDON FL			1.4 CITY-ST-ZIP	ROSELAND, NJ 07068		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VP/CONTROLLER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLT, WILLIAM N			2.2 NAME	RICHARD J. HAVILAND		
STREET ADDRESS	5820 DORY WAY			2.3 STREET ADDRESS	ONE ADP BLVD.		
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP	ROSELAND, NJ 07068		
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	VP/TREAS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AUST, DENNIS			3.2 NAME	JOSEPH B. PIRRET		
STREET ADDRESS	3003 SAMARA			3.3 STREET ADDRESS	ONE ADP BLVD.		
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP	ROSELAND, NJ 07068		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	ASST SEC.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VOLPI, DAVID			4.2 NAME	ROBERT J. SINGER		
STREET ADDRESS	3911 SWAND			4.3 STREET ADDRESS	ONE ADP BLVD.		
CITY-ST-ZIP	TAMPA			4.4 CITY-ST-ZIP	ROSELAND, NJ 07068		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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* **JAMES B. BENSON** DATE: **4/24/97** DAYTIME PHONE: **201 994-5525**

CR2E034 (9/96)