

5-12-98 B-7122-C  
**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 12 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 # P93000086357 (9)**  
 1. Corporation Name  
**ADP TOTALSOURCE, INC.**



Principal Place of Business: **4010 WEST STATE STREET TAMPA FL 33609**  
 Mailing Address: **ONE ADP BLVD MS 433 ROSELAND NJ 07068**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	12/16/1993	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-3216484	
24	Country	29	Country	Applied For	
		30		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BENSON, JAMES B</b>	1.2 NAME	
STREET ADDRESS	<b>ONE ADP BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROSELAND NJ 07068</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPC</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAVILAND, RICHARD</b>	2.2 NAME	
STREET ADDRESS	<b>ONE ADP BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROSELAND NJ 07068</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPT</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VP/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PIRRET, JOSEPH B</b>	3.2 NAME	<b>RAYMOND L. COLOTTI</b>
STREET ADDRESS	<b>ONE ADP BLVD</b>	3.3 STREET ADDRESS	<b>ONE ADP BLVD.</b>
CITY-ST-ZIP	<b>ROSELAND NJ 07068</b>	3.4 CITY-ST-ZIP	<b>ROSELAND, NJ 07068</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SINGER, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>ONE ADP BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROSELAND NJ 07068</b>	4.4 CITY-ST-ZIP	
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 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 973-004-5505

CR2E034 (10/97)