

208 South LaSalle Street, Suite 1855 Chicago, IL 60604 (312) 346-3606 (800) 934-2556 Fax: (312) 346-3607

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VIA REGULAR MAIL

January 15, 2002

Division Of Corporations Florida Department Of State 409 E. Gaines Street Tallahassee, FL 32399

000004789000 ****245.00 *****35.00

RE:

ABR Information Services, Inc.

ABR Properties, Inc. Comdata Network, Inc.

Comdata Telecommunications Services, Inc.

Ceridian Corporation

Ceridian Benefits Services, Inc. Ceridian Investment Advisors, Inc.

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the form to change the registered agent/office for the above captioned in your state. Also enclosed is a check for the required fee.

Please file with your office and return evidence to my attention in the enclosed self addressed stamped envelope.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,

Tony Alexander

TA/smc.

Encl.

PS 1/24/02

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.150 I corporation organized under the laws of the State of | <i>18, Florida Statutes,</i> Florida | |
|---|--|---|-------------------------|
| _ | owing statement in order to change its registered office or registere | ed agent, or both, in | |
| the State of Flo | rida. | | |
| 1. The name of | the corporation is: ABR Information Services, Inc. | | |
| | | | |
| 2. The mailing | address of the corporation is: 3201 34TH STREET S | | |
| ST. PETERS | BURG FL 33711 | | |
| 3. Date of inco | rporation/qualification: February 25, 1994 Document number: | P94000015458 | |
| | d address of the current registered agent and office: | | |
| . 1110 1111110 011 | | الآم 1. | |
| | Corporation Service Company | E 2 | |
| , | 1201 Hays Street | | |
| | Tallahassee, Florida 32301 | 22 \SSE | Programme of the second |
| 5. The name an | d address of the new registered agent and office: (P. O. Box Not Acc | ceptable) 🚊 👱 | 5 g |
| | NRAI Services, Inc. | 25 Z | 2 |
| | 526 E. Park Avenue |)RIO | |
| • | Tallahasse, Florida 32301 | A''' | |
| The street addragent, as change | ess of its registered office and the street address of the business off ed, will be identical. | ice of its registered | |
| Such change w | as authorized by resolution duly adopted by its board of directors on the board. | r by an officer so | |
| audiorizza by t | ne boatt. | la la | |
| (Signature | of an officer, chairman or vice chairman of the board) (I | Date) | |
| | Diff Marchaneld Affice Described | , | |
| | Bill McDonald, Vice President (Printed or typed name and title) | | |
| Having been n corporation, I I further agree performance of registered ager | amed as registered agent and to accept service of process for the a hereby accept the appointment as registered agent and agree to ac to comply with the provisions of all statutes relative to the proper f my duties, and I am familiar with and accept the obligation of my nt. | hove stated t in this capacity. and complete position as | |
| 1.1 | the state of the s | | |
| - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Signature of Registered Agent) (Date) | · · · · · · · · · · · · · · · · · · · | |
| If signing on beha | If of an entity: | | |
| | Alexander, Asst. Secretary of NRAI Services, Inc. | | |
| • | Typed or Printed Name) (Capacity) | | |
| * * * FILING FEE: \$35.00 * * * | | | |

CR2E045(7/97)