

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000050091

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: CERIDIAN BENEFITS SERVICES, INC.

## Current Principal Place of Business:

3201 34TH STREET S.  
ST. PETERSBURG, FL 33711

## New Principal Place of Business:

## Current Mailing Address:

3311 E. OLD SHAKAPEE RD  
HQE04B  
MINNEAPOLIS, MN 55425

## New Mailing Address:

FEI Number: 59-3424469      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: PD ( ) Delete  
Name: SHADE, JOHN J  
Address: 3201 34TH STREET S.  
City-St-Zip: ST. PETERSBURG, FL 33711

Title: VPSD ( ) Delete  
Name: NELSON, GARY M  
Address: 3311 E OLD SHAKOPEE  
City-St-Zip: MINNEAPOLIS, MN 55425

Title: VPTD ( ) Delete  
Name: KUHNAN, DAVID B  
Address: 3311 E OLD SHAKAPEE RD  
City-St-Zip: MINNEAPOLIS, MN 55425

Title: AS ( ) Delete  
Name: CURME SHAW, ANN  
Address: 3311 E OLD SHAKAPEE RD  
City-St-Zip: MINNEAPOLIS, MN 55425

Title: VPC ( ) Delete  
Name: VASSALOTTI, KEITH  
Address: 3201 34TH ST SO  
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: VP ( ) Delete  
Name: ADAM, JURGEN K  
Address: 3311 E OLD SHAKOPEE RD  
City-St-Zip: MINNEAPOLIS, MN 55425

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPSD (X) Change ( ) Addition  
Name: SHERIDAN, MICHAEL W  
Address: 5301 MARYLAND WAY  
City-St-Zip: BRENTWOOD, TN 37027

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

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

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

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

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: KAREN PIEHLER-SHAW

AS

04/22/2008

Electronic Signature of Signing Officer or Director

Date