2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # P96000102124 1. Entity Name Global Paycom, Inc. inal Place of Business Mailing Address 05-17-2000 90961 033 ***150.00 1425 Bugle Lane Po Box 2007 Clearwater FL 33764 A2061139 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 3419623 City & State Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Robert L. Dennard, Jr Street Address (P.O. Box Number is Not Acceptable) 1425 Buyle Lane Clearwater Fr 33764 City Zip Code 8. 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 name of registered agent and title if applicable. . . . (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Delete Tresident Addition TITLE TITLE Change NAME NAME Norman Farrow STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP VP, Sec, Treus., Director TITLE Change Addition TITLE NAME NAME Robert L. Dennard, 5r STREET ADDRESS STREET ADDRESS 1425 Bugle Lane Cleanater FLSSTU CITY - ST - ZIP CITY - ST - ZIP TITLE TITLE Change Addition William C. Hayes, Jr NAME NAME STREET ADDRESS STREET ADDRESS 1425 Busie Lane CITY - ST - 7IP CITY - ST - ZIP Clearwater Fr 33764 TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. 727-480-8127 Ser/ neas SIGNATURE:

SIGNATURE SHO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STF FL32381F.1

Daytime Phone #