

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000088230

1. Corporation Name

PAYCHEX ADMINISTRATIVE SERVICES, INC.

Principal Place of Business

10105 NINTH STREET NORTH
ST PETERSBURG FL 33716

Mailing Address

D911 PANORAMA TR S
ROCHESTER NY 14625
US

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90171 021 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1997

4. FEI Number

59-3480133

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. (FILED 2/99) ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE
NAME MORPHY, J M
STREET ADDRESS 51 VINEYARD HILL
CITY-ST-ZIP FAIRPORT NY 14450

TITLE D ☐ DELETE
NAME MORPHY, J M
STREET ADDRESS 51 VINEYARD HILL
CITY-ST-ZIP FAIRPORT NY 14450

TITLE P ☐ DELETE
NAME EUGENE A. POLISSENI
STREET ADDRESS 16 BEAUCLAIRE LANE
CITY-ST-ZIP FAIRPORT, NY 14450

TITLE VP ☐ DELETE
NAME CRAIG HILL
STREET ADDRESS 700 115th AVENUE
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE VP ☐ DELETE
NAME ANTHONY TORTORELLA
STREET ADDRESS 7 ROYALE DRIVE
CITY-ST-ZIP FAIRPORT NY 14450

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, S, T ☒ Change ☐ Addition
1.2 NAME JOHN MORPHY
1.3 STREET ADDRESS 51 VINEYARD HILL
1.4 CITY-ST-ZIP FAIRPORT, NY 14450

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

Date

716-385-6666

Daytime Phone #

CR2E034 (1/198)