

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088230

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: PAYCHEX ADMINISTRATIVE SERVICES, INC.

## Current Principal Place of Business:

10105 M.L. KING JR ST. N  
ST PETERSBURG, FL 33716

## New Principal Place of Business:

10105 DR> M.L. KING JR ST. N  
ST PETERSBURG, FL 33716

## Current Mailing Address:

911 PANORAMA TR S  
ROCHESTER, NY 14625 US

## New Mailing Address:

FEI Number: 59-3480133      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: DST ( ) Delete  
Name: MORPHY, JOHN  
Address: 911 PANORAMA TRAIL SOUTH  
City-St-Zip: ROCHESTER, NY 14625

Title: P ( ) Delete  
Name: HILL, CRAIG  
Address: 10105 DR M.L. KING JR ST. NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: VP ( ) Delete  
Name: TORTORELLA, ANTHONY  
Address: 911 PANORAMA TRAIL SOUTH  
City-St-Zip: ROCHESTER, NY 14625

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change ( ) Addition  
Name: MORPHY, JOHN  
Address: 911 PANORAMA TRAIL SOUTH  
City-St-Zip: ROCHESTER, NY 14625 US

Title: P (X) Change ( ) Addition  
Name: HILL, CRAIG  
Address: 10105 DR M.L. KING JR ST. NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33716 US

Title: VP (X) Change ( ) Addition  
Name: TORTORELLA, ANTHONY  
Address: 911 PANORAMA TRAIL SOUTH  
City-St-Zip: ROCHESTER, NY 14625 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN MORPHY

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04/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date