

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088230

FILED  
Mar 13, 2012  
Secretary of State

**Entity Name:** PAYCHEX ADMINISTRATIVE SERVICES, INC.

**Current Principal Place of Business:**

911 PANORAMA TRAIL SOUTH  
ROCHESTER, NY 14625

**New Principal Place of Business:**

**Current Mailing Address:**

911 PANORAMA TRAIL SOUTH  
ROCHESTER, NY 14625

**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

**OFFICERS AND DIRECTORS:**

Title: DT  
Name: RIVERA, EFRAIN  
Address: 911 PANORAMA TRAIL SOUTH  
City-St-Zip: ROCHESTER, NY 14625 US

Title: P  
Name: HILL, KEVIN  
Address: 911 PANORAMA TRAIL SOUTH  
City-St-Zip: ROCHESTER, NY 14625 US

Title: S  
Name: SCHAEFFER, STEPHANIE  
Address: 911 PANORAMA TRAIL SOUTH  
City-St-Zip: ROCHESTER, NY 14625

I hereby 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 all other like empowered.

SIGNATURE: STEPHANIE SCHAEFFER

S

03/13/2012

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

\_\_\_\_\_ Date