

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



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

FILED

01 NOV -8 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000016582**

1. Corporation Name

Ceridian Retirement Plan Services, Inc.

2. Principal Office Address

3201 34th Street South

3. Mailing Office Address

3201 34th Street South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg FL

City & State

St. Petersburg FL

Zip

33711

Country

USA

Zip

33711

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

February 19, 1999

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2001

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

526 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

600004700676 -- 6
-11/30/01--01063--001
*******750.00 *****750.00**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Anthony J. Alexander, Asst. Secretary of NRAI Services, Inc.

REGISTERED AGENT MUST SIGN

Date **November 7, 2001**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	SEE ATTACHED		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

William E. McDonald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William E. McDonald

11/2/01

Date

952-853-7683

Daytime Phone #

202

Directors, Officers Report

Ceridian Retirement Plan Services, Inc.

11/02/2001

DIRECTORS

James Jarvis **Director**
Primary Address: Ceridian Benefits Services, Inc.
3201 34th Street South
St. Petersburg, FL 33711

OFFICERS

James Jarvis **President & Chief Executive Officer**
Primary Address: Ceridian Benefits Services, Inc.
3201 34th Street South
St. Petersburg, FL 33711

Brian Meharry **Vice President & Chief Operating Officer**
Primary Address: Ceridian Benefits Services, Inc.
3201 34th Street South
St. Petersburg, FL 33711

Ross Wilt **Vice President & Chief Financial Officer**
Primary Address: Ceridian Benefits Services, Inc.
3201 34th Street South
St. Petersburg, FL 33711

James R. Burkle **Vice President, Corporate Tax**
Primary Address: Ceridian Corporation
3311 East Old Shakopee Road
Minneapolis, MN 55425

William E. McDonald **Vice President & Secretary**
Primary Address: Ceridian Corporation
3311 East Old Shakopee Road
Minneapolis, MN 55425

David B. Kuhnau **Vice President & Treasurer**
Primary Address: Ceridian Corporation
3311 East Old Shakopee Road
Minneapolis, MN 55425

A. Reid Shaw **Vice President & Assistant Secretary**
Primary Address: Ceridian Corporation
3311 East Old Shakopee Road
Minneapolis, MN 55425