

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

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # S39386 (5)**  
 1. Corporation Name  
**ADP TOTALSOURCE III, INC.**



Principal Place of Business  
**4010 W. STATE STREET  
 TAMPA FL 33609  
 US**

Mailing Address  
**ONE ADP BLVD  
 MS 433  
 ROSELAND NJ 07068**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/18/1991</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3058828</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code <b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>BENSON, JAMES B</b>		1.2 NAME	<b>THOMAS HALL</b>			
STREET ADDRESS	<b>ONE ADP BLVD</b>		1.3 STREET ADDRESS	<b>ONE ADP BLVD.</b>			
CITY-ST-ZIP	<b>ROSELAND NJ 07068</b>		1.4 CITY-ST-ZIP	<b>ROSELAND, NJ 07068</b>			
TITLE	<b>VPCT</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>V/T</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>HAVILAND, RICHARD J</b>		2.2 NAME	<b>DAVID KIRKUP</b>			
STREET ADDRESS	<b>ONE ADP BLVD</b>		2.3 STREET ADDRESS	<b>ONE ADP BLVD.</b>			
CITY-ST-ZIP	<b>ROSELAND NJ 07068</b>		2.4 CITY-ST-ZIP	<b>ROSELAND, NJ 07068</b>			
TITLE	<b>VPT</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>V/S/D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>PIRRET, RICHARD</b>		3.2 NAME	<b>ROBERT J. SINGER</b>			
STREET ADDRESS	<b>ONE ADP BLVD</b>		3.3 STREET ADDRESS	<b>ONE ADP BLVD.</b>			
CITY-ST-ZIP	<b>ROSELAND NJ 07068</b>		3.4 CITY-ST-ZIP	<b>ROSELAND, NJ 07068</b>			
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>AS</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>SINGER, ROBERT</b>		4.2 NAME	<b>GREGORY BUSKO</b>			
STREET ADDRESS	<b>ONE ADP BLVD</b>		4.3 STREET ADDRESS	<b>ONE ADP BLVD.</b>			
CITY-ST-ZIP	<b>ROSELAND NJ 07068</b>		4.4 CITY-ST-ZIP	<b>ROSELAND, NJ 07068</b>			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 to this address.

*Robert Singer* *4/24/98* *973-991-5525*

CR2E034 (10/97)