May 07, 1999 8:00 am Secretary of State

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1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **S39386**

1. Corporation Name

Principal Place of Business	ADP TOT	Talsource III, Inc.				
TAMPA FL 3809  NS 433  ROSELAND NJ 07068  ROSELAND NJ 07068  2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. Applied For Not Applicable 3. Date Incorporated or Qualifed 03/18/1991  2. Principal Place of Business 2. Applied For Not Applicable 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. Certificate of Status Desired   \$8.75 Additional Fee Required 2. Principal Place of Status Desired   \$8.75 Additional Fee Required 2. City & State   Status Desired   \$5.00 May Be Added to Fees 2. Zip   Country   Zip   Country   State   Personal Property Tax.   Yes   No  9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   Name  NRAI SERVICES, INC. 526 EAST PARK AVENUE   TALLAHASSEE FL 32301  83   Street Address (P.O. Box Number is Not Acceptable)  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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE   P   DELETE   1.1 TITLE   P   DELETE   Signature, typed or protect name of registered agent agent is applicative, typed or protect name of registered agent agent is applicative, typed or protect name of registered agent agent is applicative, typed or protect name of registered agent agent is applicative, typed or protect name of registered agent agent is applicative, typed or protect name of registered agent agent is applicative, typed or protect name of registered agent agent is applicative, typed or protect name of registered agent agent agent is applicative, typed or protect name of registered agent age	Principal Place of Business Mailing Address				I legillate leg trans teles and teles and	() 01511 31511 61511 61511 61511 61511 1251
Section No.   Section						
3. Date Incorporated or Qualifed O3/18/1991  2. Principal Place of Business 2. Amilling Address 2. Amilling Address 3. Date Incorporated or Qualifed O3/18/1991  4. FEI Number 59-3058828  Not Applied For 59-3058828  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  28  Zip  Country  Zip  Country  Zip  Country  3. This corporation owes the current year Intangible Personal Property Tax.  Personal Property Tax.  NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301  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 agent. In amiliar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In amiliar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In amiliar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In amiliar with, and accept the obligations of, Section 607 0505, Florida Statutes.  Signature, typed or protect amount of registered agent and tall 4 applications. (NOTE Registered Agent segnature required when rematating)  DATE  12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P					DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-3058828	08		HOSELAND NO 07068			
21					· ·	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certificate of Status Desired   \$8.75 Additional Fee Required	2. Principal Pl	ace of Business	2a. Mailing Address			<del></del>
Securificate of Status Desired   Fee Required	21				59-3058828	
City & State  Country  Zip  Country  Zip  Country  Zip  Country  8. This corporation owes the current year Intangible Personal Property Tax.  Personal Property Tax.  9. Name and Address of Current Registered Agent  NRAI SERVICES, INC.  526 EAST PARK AVENUE  TALLAHASSEE FL 32301  81  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or proted name of registered agent and tide if applicable.  (MOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P		#, etc.	<b>—</b>		5. Certificate of Status Desired	T
Zip   Country   Zip   Country   Zip   Country   St. Trust Fund Contribution   Added to Fees	22					
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NRAI SERVICES, INC.  526 EAST PARK AVENUE TALLAHASSEE FL 32301  81	24	1=+1		<u> </u>		
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526 EAST PARK AVENUE TALLAHASSEE FL 32301  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 utle (i applicable). (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE P HALL, THOMAS  STREET ADDRESS ONE ADP BLVD  1.3 STREET ADDRESS ONE ADP BLVD  1.3 STREET ADDRESS ONE ADP BLVD  1.4 CITY-ST-ZIP  ROSFI AND N.I. 07068	NRAI	SERVICES, INC.				
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE P DELETE 1.1 TITLE  NAME HALL, THOMAS  STREET ADDRESS ONE ADP BLVD  1.3 STREET ADDRESS ONE ADP BLVD  1.4 CITY-ST-ZIP  ROSFI AND N.I 07068	SIGNATURE	The state of the s	thought the facilitable (NOTE: Re	prietared Agent synastyre require	d when reinstation) DATE	
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NAME HALL, THOMAS 1.2 NAME  STREET ADDRESS ONE ADP BLVD . 1.3 STREET ADDRESS  CITY, ST, 7/P ROSEI AND N.1 07068				1.1 TITLE		
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CITY, ST. 7/P ROSEI AND N.I. 07068		*		1.3 STREET ADDRESS		
TITLE VI DELETE 2.1 TITLE VP/T Change Addition				1.4 CITY-ST-ZIP		
	<del></del>		DELETE	2.1 TITLE   1/1	P/T	Change
NAME KIRKUP, DAVID 22 NAME GREGORY LAHILL	NAME	**	7	2.2 NAME Z	REGORY CAHILL	
STREET ADDRESS ONE ADP BLVD  2.3 STREET ADDRESS ONE ADP BLVD				2.3 STREET ADDRESS	NE ADP BLUD	
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NAME BUSKO, GREGORY 3.2 NAME	1	• • •		3.2 NAME		
STREET ADDRESS ONE ADP BLVD 3.3 STREET ADDRESS	1	•		3.3 STREET ADDRESS		
CITY-ST-ZIP ROSELAND NJ 07068 34. CITY-ST-ZIP						
TITLE VSD DELETE 4.1 TITLE Change Addition			☐ DELETE			☐ Change ☐ Addition
NAME SINGER, ROBERT 4.2 NAME	1			4.2 NAME		
STREET ADDRESS ONE ADP BLVD 4.3 STREET ADDRESS	1 3					
CITY-ST-ZIP ROSELAND NJ 07068 4.4 CITY-ST-ZIP	STREET ADDRESS	ONE ADP BLVD		4.3 3 INCE   AUDINESS		

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

ROBERT J. SINGER

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ DELETE

994-5525 973

Change

☐ Change

☐ Addition

☐ Addition