

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H25835

**Entity Name:** ADP TOTALSOURCE FL XII, INC.

**Current Principal Place of Business:**

10200 SUNSET DR.  
MIAMI, FL 33173-3466

**Current Mailing Address:**

10200 SUNSET DR.  
ATTN: LEGAL DEPT  
MIAMI, FL 33173-3466 US

**FEI Number:** 59-2452319

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title	DIRECTOR	Title	ASSISTANT SECRETARY
Name	EISLER, BARRY	Name	KRAVETZ, LISSE
Address	10200 SUNSET DRIVE	Address	10200 SUNSET DRIVE
City-State-Zip:	MIAMI FL 33173	City-State-Zip:	MIAMI FL 33173
Title	VP	Title	PRESIDENT
Name	ORIHUELA, CRISTIAN	Name	MICHAUD, BRIAN
Address	5800 WINDWARD PKWY	Address	10200 SUNSET DRIVE
City-State-Zip:	ALPHARETTA GA 30005	City-State-Zip:	MIAMI FL 33173
Title	TREASURER		
Name	CHHABRA, PAWAN		
Address	5800 WINDWARD PKWY		
City-State-Zip:	ALPHRETTA GA 30005		

*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:** BARRY EISLER

**DIRECTOR**

**04/25/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date