

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000100

Entity Name: VIRTUALEDGE CORPORATION**Current Principal Place of Business:**ONE ADP BLVD
ROSELAND, NJ 07068**Current Mailing Address:**ONE ADP BLVD
ROSELAND, NJ 07068**FEI Number: 57-1049673****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
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	PSD
Name	BONARTI, MICHAEL
Address	ONE ADP BOULEVARD MS433
City-State-Zip:	ROSELAND NJ 07068

Title	VPTD
Name	EBERHARD, MICHAEL
Address	ONE ADP BLVD MS433
City-State-Zip:	ROSELAND NJ 07068

Title	ASD
Name	WECHSLER, BRUCE
Address	ONE ADP BLVD MS433
City-State-Zip:	ROSELAND NJ 07068

Title	AS
Name	GIBBONS, CHARLES
Address	ONE ADP BLVD MS433
City-State-Zip:	ROSELAND NJ 07068

Title	VP/C
Name	SIEGMUND, JAN
Address	ONE ADP BLVD MS433
City-State-Zip:	ROSELAND NJ 07068

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: BRUCE WECHSLER**AS/D****04/28/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date