

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000004681

**FILED**  
**Jun 15, 2015**  
**Secretary of State**  
**CC1897752562**

**Entity Name:** ADP VEHICLE REGISTRATION, INC.

**Current Principal Place of Business:**

1950 HASSELL ROAD  
HOFFMAN ESTATES, IL 60169

**Current Mailing Address:**

1950 HASSELL ROAD  
HOFFMAN ESTATES, IL 60169 US

**FEI Number:** 95-3962539

**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            PRESIDENT, SECRETARY, DIRECTOR  
Name            BRUNZ, LEE  
Address        1950 HASSELL RD  
City-State-Zip: HOFFMAN ESTATES IL 60169

Title            VP, CONTROLLER  
Name            NIETZEL, ALFRED  
Address        1950 HASSELL ROAD  
City-State-Zip: HOFFMAN ESTATES IL 60169

Title            ASST. SECRETARY, DIRECTOR  
Name            D'AMBROSIO, THOMAS  
Address        1950 HASSELL ROAD  
City-State-Zip: HOFFMAN ESTATES IL 60169

Title            VP, TREASURER  
Name            VENTRE, MICHAEL  
Address        1950 HASSELL ROAD  
City-State-Zip: HOFFMAN ESTATES IL 60169

Title            ASST. SECRETARY  
Name            SEABREASE, PHILIP  
Address        1950 HASSELL ROAD  
City-State-Zip: HOFFMAN ESTATES IL 60169

Title            ASST. SECRETARY  
Name            KINZER, JAMES  
Address        1950 HASSELL ROAD  
City-State-Zip: HOFFMAN ESTATES IL 60169

*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:** JAMES KINZER

**ASSISTANT SECRETARY    06/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date