

Filing Period: January 1 - March 1

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Filing Fee: \$50.00

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

2005

	- ~ ~			
PROFT	r corpor	ATION ANNUAL	REPORT FOR THE YEAR	

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 115502 ADP TotalSource I. Inc. 3. Street Address Principal Business Office  $\mathcal{E}$   $\Gamma$ 1 $\mathcal{E}$   $\mathcal{E}$ 10200 miant 4. Business Phone No. 5. State of Incorporation 6. SIC Code .0ED · 20E 7880 **FLORIDA** 7. Brief Description of the Character EMPLOYEE LEASING of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name i ce wez Street Address **E**೧೯೯ Secretary Name Treasurer Name Street Address Street Address City State Zip るりいるの 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address Zip City Director Name Street Address Street Address State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 5,000 COMM \$1.00 PAR VALUE 100 COMMON \$1 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements FLEED File Date MAR 2 1 2005 Print or Type Name of Office FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 Rev. 12/03



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

2004 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_ Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Name of Corporation 1. Corporate ID No. ADP TotalSource I, Inc. 115502 3. Street Address Principal Business Office ろろいろ miant 200 Surse T= ( 6. SIC Code 5. State of Incorporation 4. Business Phone No. 7880 **FLORIDA** 7. Brief Description of the Character of Business Conducted in Rhode Island EMPLOYEE LEASING 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name -SST. SECTELONY President Name C0126105 Street Address City niani Secretary Name Street Address Street Address FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name 130m Street Address Street Address Zip City City Director Name Director Name Street Address Street Address Zib State City State Ζip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Class/Series Par Value Number of Shares Par Value Number of Shares 100 COMMON 5,000 COMM \$1.00 PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date Check No. FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this repo including any accompanying schedules and statements, and that all statemer contained herein are true and JILLIBA Print or Type Name of Officer

Title of Officer

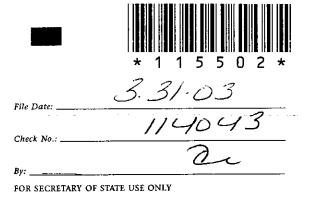
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

#### 2003 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_ Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

(FORM MUST BE TYPED OR PRINT	ED IN BLACK)				
1. Corporate ID No.	2. Name of Corporation				
115502	ADP TotalSou	rce I, Inc.			
3. Street Address Principal Business 10200 Sunset D			<sup>City</sup> <b>Miami</b>	State FL	<sup>Zip</sup> 33173
4. Business Phone No.		5. State of Incorporation			6. SIC Code
305-630-1000 7. Brief Description of the Character	of Business Conducted in F	FLORIDA  Chode Island			7880
Professional E					
8. NAMES AND ADDRESS President Name	SES OF THE OFFIC	ERS ("X" BOX FOR ATTACH	IMENT) XFILL IN SPACES BEI Vice President Name	FORE USING ATTACHM	ENTS
Carlos Rodrigu	ıez		Robert Singer Street Address		
10200 Sunset D	rive		One ADP Blvd.		
City	State	Zip	City	State	Zip
Miami	${ t FL}$	33173	Roseland	NJ	07068
Secretary Name Robert Singer		·	Treasurer Name Sergio Fernand	ez	
Street Address One ADP Blvd.			Street Address 10200 Sunset D	rive	
City	State	Zip	City	State	Zip
Roseland	NJ	07068	Miami	${f FL}$	33173
9. NAMES AND ADDRESS Director Name Robert Singer	SES OF THE DIREC	TORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES F Director Name	BEFORE USING ATTACH	MENTS
Street Address One ADP Blvd.			Street Address		
city Roseland	State NJ	<sup>Zip</sup> 07068	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	D ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHMENT)	The second secon
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



5,000 COMM \$1.00 PAR VALUE

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct

\$1

William Cueto

Print or Type Name of Officer Assistant Secretary

Title of Officer

**≪**∰⇒ 5

Signature of Officer

100 Common

Form 630 12/02

# OFFICERS OF ADP TOTALSOURCE GROUP, INC. AND ITS SUBSIDIARIES

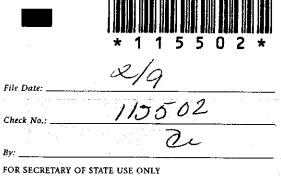
		SOCIAL	TITLE
NAME	ADDRESS	SECURITY.	
Carlos A. Rodriguez	10200 SUNSET DRIVE MIAMI, FL 33173	264-85-9658	President & Chief Controlling Officer
Sergio Fernandez	10200 SUNSET DRIVE MIAMI, FL 33173	267-78-1438	Chief Financial Officer
Robert J. Singer	ONE ADP BOULEVARD ROSELAND, NJ 07068	156-32-2564	Vice President / Secretary & Director
William F. Cueto	10200 SUNSET DRIVE MIAMI, FL 33173	261-83-2565	Assistant Secretary

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3046

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

	OP
PLEASI. INSTRUC	

(FORM MUST BE TYPED IN BLA	ACK)				
1. Corporate ID No. 115502	2. Name of Corpo	ration alsource I, Inc.	etter till det ståller som sen sen i til å tille stålla ettellen detersk som menne enne tillette medet medet i	en e	
3. Street Address Principal Business	s Office		City	State	Zip
ONE ADP BLVD.			ROSELAND	NJ	07068
4. Business Phone No. 973 974-5525		5. State of Incorporati FLORIDA	ion	<del></del>	6. SIC Code
7. Brief Description of the Characte	er of Business Conducted	in Rhode Island			
EMPLOYEE LEASING 8. NAMES AND ADDRES President Name	SSES OF THE OF	FICERS ("X" BOX FOR AT	tion of the control of the state of the state of the state of the properties and the state of th	S BEFORE USING ATTAC	HMENTS
CARLOS RODRIQUEZ Street Address		-	ROBERT J. SIN	GER	
10200 SUNSET DRIV	/ <b>E</b> State	Zip	ONE ADP BLVD.	State	712
MIAMI Secretary Name	FL	33173	ROSELAND Treasurer Name	NJ	<sup>Zip</sup> 07068
ROBERT J. SINGER Street Address			SERGIO FERNAN Street Address	DEZ	
ONE ADP BLVD.			10200 SUNSET	DRIVE	
ROSELAND	State <b>NJ</b>	<sup>zip</sup> <b>07068</b>	City MIAMI	State FL	33173
9. NAMES AND ADDRESS Director Name ROBERT J. SINGER Street Address	SES OF THE DIR	RECTORS ("X" BOX FOR A	Director Name  Street Address	CES BEFORE USING ATT	中野中的 1907年の1975年の東京大阪教育の 1000年の1986年の1987年 1997年 19
ONE ADP BLVD.	State	Zip			
,		·	City	State	Zip
ROSELAND Director Name	NJ	07068	Director Name	•	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI AUTHORIZED SHARES	D ("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000 COMM \$1.00	PAR VALUE		100	COMMON	1.00
	· <del>·</del> ···		<del></del>		
This report must be <b>signe</b>	ed in ink by eit			sistant Secretary, Treası	irer, Receiver or Truste



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct

 Lat M	1/31/0
 ////	

	1/2/10/
Signature of Officer	Date

	Robert	\$15	inger	_	
Print o	r Type Name of Office	יד			



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

### PROFIT CORPORATION ANNIIAL REPORT FOR THE 2002

401-22	2-3040
STO	$\mathbf{P}$
PLEASE INSTRUC	READ TIONS
\ <u> </u>	=/

(FORM MUST BE TYPED IN	N BLACK)				4
1. Corporate ID No.	2. Name of Corpo	ration		10 No.	
115502	ADP Total	Source I, Inc.			
3. Street Address Principal Bus	siness Office		City	State	Zip
ONE ADP BL	VD.		ROSELAND	NJ	07068
4. Business Phone No.		5. State of Incorporation		<del></del> -	6. SIC Code
973-974-55		FLORIDA			o. o.c cour
7. Brief Description of the Cha. <b>EMPLOYEE</b> LI	racter of Business Conducted	l in Rhode Island			
		FICERS ("X" BOX FOR ATTAC	HMENT) FILL IN COACES	BEFORE USING ATTACH	BARRING
President Name		Zon ton All Mo.	Vice President Name	DELONE USING ATTACH	WIENIS
CARLOS RODE	RIQUEZ		ROBERT J. SINGE	R	
10200 SUNSE	ET DRIVE		ONE ADP BLVD.		
City	State	Zip	City	State	Zip
IMAIM	FL	33173	ROSELAND	NJ	ο7068
Secretary Name			Treasurer Name		07000
ROBERT J. S	SINGER		SERGIO FERNANDEZ	3	
Street Address	•	****	Street Address	_	
ONE ADP BLV	ro.		10200 SUNSET DRI	(VE	
City	State	Zip	City	State	Zip
ROSELAND	NJ	07068	MIAMI	FL	33173
9. NAMES AND ADDR Director Name	RESSES OF THE DIR	ECTORS ("X" BOX FOR ATTA	the second secon	S BEFORE USING ATTAC	
ROBERT J. S	INGER				
Street Address			Street Address		
ONE ADP BLV	D.				
City	State	Zip	City	State	Zip
ROSELAND	NJ	07068			•
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ZED ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED (*)	(" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000 COMM \$1.00 PAF	R VALUE	• • • • •	100	COMMON	1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



ile Date:	1-29-62	
no Datt	51494	
Check No.:		
у:	Q.	_
OR SECRETARY C	OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

that all gatements co	ntained herein are true and	correct.
Sout 18	k· ,	1
- XXX [][]	/ //2	2/00
		- / U UC

Date

RUBERT	. <del>-</del>	いてもと
rint or Type Name of Officer		

Title of Officer

Form 630 12/01