



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 120807		2. Name of Corporation ADP TotalSource DE IV, Inc.			
3. Street Address Principal Business Office 10200 Sunset Drive		City Miami	State FL	Zip 33173	
4. Business Phone No. 305.630.1000		5. State of Incorporation DELAWARE		6. SIC Code 7880	
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Carlos Rodriguez		Vice President Name ASST. SEC. William Cuelto			
Street Address 10200 Sunset Drive		Street Address 10200 Sunset Drive			
City Miami	State FL	Zip 33173	City Miami	State FL	Zip 33173
Secretary Name Robert Singer		Treasurer Name none			
Street Address One ADP Blvd		Street Address			
City Roseland	State NJ	Zip 07068	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert Singer		Director Name			
Street Address One ADP Blvd		Street Address			
City Roseland	State NJ	Zip 07068	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 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



\*120807\*

File Date **FILED** 148980  
Check No. MAR 21 2005  
By: *[Signature]*  
FOR SECRETARY 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 statements contained herein are true and correct.

*[Signature]* 1/17/2005  
Signature of Officer Date  
William Cuelto  
Print or Type Name of Officer  
ASST. SECRETARY  
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
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Matthew A. Brown, Secretary of State

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# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 120807		2. Name of Corporation ADP TotalSource DE IV, Inc.			
3. Street Address Principal Business Office 10200 Sunset Drive		City Miami	State FL	Zip 33173	
4. Business Phone No. 305.630.1000		5. State of Incorporation DELAWARE			6. SIC Code 7880
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Carlos Rodriguez			Vice President Name Asst Secretary William Cueto		
Street Address 10200 Sunset Drive			Street Address 10200 Sunset Drive		
City Miami	State FL	Zip 33173	City Miami	State FL	Zip 33173
Secretary Name Robert Singer			Treasurer Name Peter Stewart		
Street Address One ADP Blvd			Street Address 10200 Sunset Drive		
City Roseland	State NJ	Zip 07068	City Miami	State FL	Zip 33173
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert Singer			Director Name		
Street Address One ADP Blvd			Street Address		
City Roseland	State NJ	Zip 07068	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 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



\* 1 2 0 8 0 7 \*

File Date 2.17.04  
Check No. 137239  
By: [Signature]

FOR SECRETARY 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 statements contained herein are true and correct.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer

Form 630 Rev. 12/03



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 120807 2. Name of Corporation ADP TotalSource DE IV, Inc.  
3. Street Address Principal Business Office ONE ADP BLVD. City ROSELAND State NJ Zip 07068  
4. Business Phone No. 973-974-5525 5. State of Incorporation DELAWARE 6. SIC Code \_\_\_\_\_  
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

President Name	<u>CARLOS RODRIQUEZ</u>	Vice President Name	<u>ROBERT J. SINGER</u>
Street Address	<u>10200 SUNSET DRIVE</u>	Street Address	<u>ONE ADP BLVD.</u>
City	<u>MIAMI</u> State <u>FL</u> Zip <u>33173</u>	City	<u>ROSELAND</u> State <u>NJ</u> Zip <u>07068</u>
Secretary Name	<u>ROBERT J. SINGER</u>	Treasurer Name	<u>SERGIO FERNANDEZ</u>
Street Address	<u>ONE ADP BLVD.</u>	Street Address	<u>10200 SUNSET DRIVE</u>
City	<u>ROSELAND</u> State <u>NJ</u> Zip <u>07068</u>	City	<u>MIAMI</u> State <u>FL</u> Zip <u>33173</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) \* FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	<u>ROBERT J. SINGER</u>	Director Name	_____
Street Address	<u>ONE ADP BLVD.</u>	Street Address	_____
City	<u>ROSELAND</u> State <u>NJ</u> Zip <u>07068</u>	City	_____ State _____ Zip _____
Director Name	_____	Director Name	_____
Street Address	_____	Street Address	_____
City	_____ State _____ Zip _____	City	_____ State _____ Zip _____

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<u>1,000 COMM \$1.00 PAR VALUE</u>		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>100</u>	<u>COMMON</u>	<u>1.0</u>

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



\* 1 2 0 8 0 7 \*

File Date: 1-29-02

Check No.: 51491

By: [Signature]

FOR SECRETARY 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 statements contained herein are true and correct.

Signature of Officer

ROBERT J. SINGER

Print or Type Name of Officer

VP/S/DIR

Title of Officer



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Date

1/22/02