

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) I. Corporate ID No. 2. Name of Corporation 80317 PAYWISE, INC. 3. Street Address Principal Business Office 11747 Melville H<u>o How</u> Broa. 4 Business Phone No 5. State of Incorporation 6. SIC Code 7880 631 844 7800 **NEW YORK** 7. Brief Description of the Character of Business Conducted in Rhode Island PAYROLL SERVICES. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) **▼** FILL IN SPACES BEFORE USING ATTACHMENTS Ho Ilow Zψ State ZIP 11747 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Karine Zip City Z(p)Director Nume Street Address Street Address City State 2.ip 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/Scries Par Value 200 COMM \$.01 PAR VALUE 100 0.01 Common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	*80317*	
File Date	1-31-05	
Check No	158225	
Ву:	<u>d</u>	
FOR	L SECRETARY OF STATE USE ONLY	

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Under penalty of pectacy, I declare and affirm that I had including any accompanying schedules and statement	s, and that all statements
continued terein are true and correct.	117016
Signature of Officer	Dar
Print or Type Name of Officer	
Vice President of Taxation	

Form 630 Rev. 12/03



(FORM MUST BE TYPED OR PRINTED IN BIACK)

# 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 CORPORATIO	N A	ANNUAL REPORT FOR THE YEAR	2004
lling Period: January 1 - March 1	•	Filing Fee: \$50.00	

1. Corporate ID No.	2 Name of Corporati	ou			ļ
80317	PAYWISE, INC.	<u> </u>			7/6
3 Street Address Principal Business Of	fice	-	City	State	10168
122 E 42 md S	treet	5. State of Incorporation	New York		6. SIC Code
4. Business Phone No.	97	1 ' '			7880
7. Brief Description of the Character of	. 8 7	NEW YORK			<del></del>
PAYROLL SERVICES.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		
8. NAMES AND ADDRESSES	OF THE OFFICE	RS: ("X" BOX FOR ATT	ACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name	,	
Julio Arrieta			Harvey Sma	Theiser	··
Street Address	11 0 1		Street Address	11 01	
	llow Road		<del></del>	lollow Rd	Zip
City 11-	State	Zφ   11747	Melville	/**** /\y	רארון ""
Melville	1/	1	Treasurer Name		<b></b>
Secretary Name Vacant			vacant	L	
Street Address		<u> </u>	Street Address		
City	State	Zip	City	State	Zip
	1			N COLORO DEPOSE SCOTO	CATTACHMENTS
9. NAMES AND ADDRESSES	OF THE DIRECT	ORS: ("X" BOX FOR A		N SPACES BEFORE USING	G ATTACHMENTS
Director Name	<del>L</del>		Director Name	I varie	
Julio Acrie	<u> </u>		Street Address	-ya N3	
Street Address	11. RI		175 Bran	& Hollow Rd	
City	state	Zip	City	State	Zip
Melville	111	71747	Melville	$\sim$	11747
Director Name	. <b> </b>		Director Name	• • • • • • • • • • • • • • • • • • • •	
Harvey Si	ma lheise	r		_ <u></u>	
Street Address	( 1 1/	01	Street Address		
175 Broad	10/10w	<u> </u>		State	Z.ip
City At 1 11	State	Zip   11711-	City.	Situe	1
Melville	I JOY	1747	: 11 SHARES ISSUED	("X" BOX FOR ATTACH	I MENT) □
10. SHARES AUTHORIZED	("X" BOX FOR A	IIIACHMENI)	ISSUED SHARES	(	, ,
AUTHORIZED SHARES  Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
Minus vij Shares	GHOS GHOS		<u> </u>		
200 COMM \$.01 PAR VALUE			100	Common	0.01
	·- <del></del>		1		
This report must be	signed in ink by	either the President, Vice	President, Secretary, Assis	tant Secretary, Treasurer, F	Receiver or Trustee
·					
	NIK OBIED INDLAKTI L <b>ad</b> i	1111			_
		111	Under penalty of p	erjury, I declare and affirm th	at I have examined this repo
	0 3 1 7	*	including any acco	impanying schedules and state re-true and correct.	ements, and that all stateme
	-		confirmed nerein a	re vuo and correct.	1/0/0/
File Date	<del>5.4</del>		475	ue/	11710
1 810r	70		Signature of Officer	<b>⇒</b> 11	ixir '
Check No.	ι Ο	}	- Harvey	Smalheiser_	
Ву:		_ 1	Print or Type Name	1.	
	<u> </u>	_	■ Vice Pre	sideNT Taxes	
FOR SECRETARY OF S	TATE USE ONLY		Title of Officer	/	C 430 D 13/03
_ <del>_</del>					Form 630 Rev. 12/03



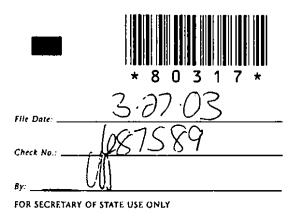
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

riting versoa: januar)		,			INSTRUC
FORM MUST BE TYPED OR PRIN	TED IN BLACK)  2. Name of Corporat	ine			
1. Corporate ID No.					
80317	PAYWISE, IN	<b>L</b> .	City	State	7/0
3. Street Address Principal Business 175 DRO9DHOLLOW R			MELVIULE	NY	11747
4. Business Phone No. 631- 841, 4906		5. State of Incorporation NEW YORK			6. SIC Code 7880
7. Brief Description of the Characte	•				
8. NAMES AND ADDRES President Name	SSES OF THE OFFI	CERS (*X* BOX FOR ATTAC	HMENT) XFILL IN SPACES BI		IMENTS
JULIO AL			HARVEY SMALL		
Street Address 175 DEUPDI			Street Address   17 T BRUA 1402	nov Res B	
MEUVILLE	State N	Zip 11747	City MELVILLE	State N/	zip 11742
Secretary Name インピール	va 1412ton	•	Treasurer Name		
Ct 4.44	HULLON ROAD		Street Address		
• • •		7:-	Circ	State	71-
MEINLLÉ	State NY	11747	City		Zip
9. NAMES AND ADDRES	SSES OF THE DIRE	CTORS ("X" BOX FOR ATT	ACHMENT) X FILL IN SPACES	BEFORE USING ATTAC	CHMENTS
Director Name SVL10 A	CRIETA		Director Name PAIRICK L	IUN I	
Street Address	10 HOLLOW RUED		Street Address 177 Proph		
CHY MELVILLE	State M	zip (1747	CITY		<sup>ZIP</sup> 11747
Director Name	•	,,,,	Director Name	•• /	7.2
Suces Address	ere		• Street Address		
171 Arandh	teriew Regio		· direct rowers		
mtl now	State :MM	21p 1777	City	State	ZIP
10. SHARES AUTHORIZE AUTHORIZED SHARES	,	ACHMENT)	11. SHARES ISSUED ("X ISSUED SHARES	" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 COMM \$.01 PAR VAI	LUE		100	Common	0.01

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

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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 frue and correct. HARVET SMALHEIJER Print or Type Name of Officer VICE PREJIDENT

Title of Officer Ferm 630 12/02

### PAYWISE, INC.

(New York)

### **Directors**

Julio Arrieta

175 Broad Hollow Road Melville, New York 11747

Patrick Lyons

175 Broad Hollow Road Melville, New York 11747

Aitor Retes

175 Broad Hollow Road Melville, New York 11747

### Officers

Julio Arrietta - Chair of the Board and President

175 Broad Hollow Road Melville, New York 11747

Patrick Lyons- Chief Financial Officer

175 Broad Hollow Road Melville, New York 11747

Rose Cavagnolo - Vice President

122 E. 42<sup>nd</sup> Street New York, New York 10168

Barbara Mass - Vice President

122 E. 42<sup>nd</sup> Street New York, New York 10168

Harvey Smalheiser - Vice President, Taxes

175 Broad Hollow Road Melville, New York 11747

Jyrl Washington - Vice President, General Counsel and Secretary

175 Broad Hollow Road Melville, New York 11747

Diana R. Karabelas - Assistant Vice President, Assistant Secretary and Assistant General Counsel

175 Broad Hollow Road Melville, New York 11747

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

STOP PLEASE READ INSTRUCTIONS

Filing Period: Januar	y 1-March 1 •	Filing Fee: \$50.00			INSTRU
IFORM MUST BE TYPED IN BL					
I. Corporate ID No.	2. Name of Carpora				
80317	PAYWISE, II	NC.	City	State	Zip
3. Street Address Principal Busines	A 1		MELVILLE	NT	1/247
171 MOAD HOLLULA A. Business Phone No.	ע מעט אָ	5. State of Incorporation	1110001000	70 1	6. SIC Code
631- F44- 4906		NEW YORK			7880
631~747~ 4700 7. Brief Description of the Charact	ter of Rusiness Canducted i				
s, many measuraphies of the smaller	Payrolling	Springer			
R NAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" BOX FOR ATTACK	IMENT) - FILL IN SPACES	BEFORE USING ATTACH	MENTS
0. NAMES AND ADDRE President Name	3323 01 1112 021	CERS ( A DOM TOWN MILMON	Vice President Name		
DEDIRAH POND-	Heidi		HARVEY SMALL	HEISER	
Street Address					
175 MadHullow	RD		175 DAGADHULL	ioin RD	
Clty	State	Zip .	City	State	Zip 1017
MELVILLE	NY	11747	melvive	NY	11217
Secretary Name			Treasurer Name MANREEN GE	, PPA	
J'IRL WASHING	CTOV				
Street Address	. (2)		Street Address 171 Decatifo	Lan DA	
175 BROAD HOIL	~ 1CD				
City MELVILLE,	State N	11747	MELVIVLE	State	zip 11747
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE	ES BEFORE USING ATTAC	CHMENTS
Director Name			Director Name		
DEDURAH POND.	HEIDE				
Street Address	/ // \		Street Address		
171 AcadHullo	W KD		<b></b> .	<b>6</b>	71-
City nad trut d	State NY	<sup>z</sup> ''/1747	City	State	Z.ip
melviul		(1)	Director Name		
Director Name MARK EATO.	•		17inttion itemate		
MARICK CHICS Street Address 177 Muss d Habble			- Street Address · -		
175 As. BAHOLL	~ RD		•		
City	State	Zip	City	State	Zip
MEUVILLE	NY	1/747			
10. SHARES AUTHORIZ	•		11. SHARES ISSUED (	X" BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Stinres	Class/Series	Par Value
200 COMM \$.01 PAR V	ALUE		100	Common	0.01

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



File Date:	4.8.02	
Check No.:	554896	
Bv:	Ži.	

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.

2/20/02

Signature of Officer

Date

VICE PRESIDENT

Title of Officer

Form 630 12/01



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

	•				
FORM MUST BE TYPED IN BL	.ACK)				
1. Corporate ID No.	2. Name of Corporation PAYWISE, I	n NC -			
80317	PAIMIDE, I			_	41.
3. Street Address Principal Busines	ss Office	101 L	New York	State / 1 / //	21p
122	East 42,	Street	New York	New York	10168
4. Business Phone No.	G(3) 15()	5. State of Incorporation			6 388Q
(000) 97C	8607	NEW YORK			
7. Brief Description of the Charact		that Island	$\mathcal{L}$		
			Payroll Servi	ces	
O NIANCE AND ADDRE	SCEC OF THE OFFIC	ERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES E	BEFORE USING ATTACHM	1ENTS
8. NAMES AND ADDRE President Name			Vice President Name	_	
0 11	Pond-H	h: d p	Kose	Cavagnola	
1/epbie			Street Address		o, Lo.
Street Address	1 1L11	ow Road	(22 5	(it 42.)	Street Site 520
113 Dro			City C	State	Zip
City / - //-	New York	L 11747	N. U.k	New York	10168
MCIVILLE	New 7 or	1	New York Treasurer Name	1000 / 51.12	7 - 1 - 0
Secretary Name	lation - x	<u>(</u>	Marra	n Grispa	
.0481	Washingt	on	marke		- 1
Street Address / 17	1 1/ 1/	$\mathcal{O}$	175 Bro	ad Hollow	Road
175 Bro	ad Hollon	/ Noao	City / J	NO 170 1100	Zio
City / //	State 1 / 1	. " U7H7	Chy 100 / 1/0	New York	11747
melvi/le	Now York	- 11/1/	MOINING	TO DE DESCRIPTION OF THE OPEN	HMENTS
9. NAMES AND ADDRI	ESSES OF THE DIREC	CTORS (*X* BOX FOR AT	TACHMENT) PILL IN SPACE Director Name	S BELOKE CHILD KLINC	II(IILIVIO
Director Name	$\rho$	- Heide	Director Nume		
1 le ph	L fond	1/0,00	Course de debute		
Street Address	1 17	,1 1	Street Address		
175 15	broad Hol	low was	<b>A</b> II.	State	Zip
City 100 1 11	State	1. Zip	City	31811	2.7
Melsille	New Yor	11747	nt as those		
Director Name	<u> </u>	L	Director Name		
Mark	4 IK. Ea	Лоп			
Street Address	1 11 11	0 1	- Street Address -		
175 Bri	oad Hollow	Road		<b></b> .	7/0
City	State	Zip	Clly	State	Zip
melville	New Yor	K 11747			
10. SHARES AUTHORIZ	ZED ("X" BOX FOR ATTA	CHMENT)		"X" BOX FOR ATTACHMENT)	
AUTHORIZZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 SHS	Common	\$1.01	100	Common	\$0.01
Jii-	COMMUNE	١٠٠٠ الم	, 0 0	(M)//(//(0)/V	<i>y</i>
			. D	ictore Cocentary Troacue	er Receiver or Trustee

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

	* 8 0 3 1 7 *	Under penalty of perjury, I declare and affirm that I have examined this report, Including any accompanying schedules and statements, and
File Date:	0/20	that all statements contained herein are true and correct.
Check No.: _	391947	Signature of Officer Date
By:	2.	Print or Type Name of Officer
	ARY OF STATE USE ONLY	Title of Officer



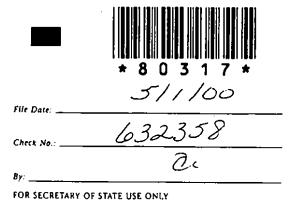
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

# 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

" ,	- · · · · · · · · · · · ·				
(FORM MUST BE TYPED IN BLAC	CK)				`
1. Corporate ID No.	2. Name of Corporati	lon	<del>-</del>	•	
80317	PAYWISE, I	NC.			
3. Street Address Principal Business (	Office		City	State	Zip
100 Redwood Shores 4. Business Phone No.	Parkway	5. State of Incorporation	Redwood City	CA	94065 6. SIC Code
650-610-1000 7. Brief Description of the Character of	of Business Conducted in	NEW YORK			7880
Payrolling service. 8. NAMES AND ADDRESS President Name	S		IMENT) FILL IN SPACES B  Vice President Name	EFORE USING ATTACH	IMENTS
Debbie Pond-Heide Street Address	·		Barbara Mass and	Rose Cavagnola	
100 Redwood Shores	Parkway		122 East 42nd St	reet. Suite 520	
City	State	Zip	City	State State	Zip
Redwood City Secretary Name	CA	94065	New York Deasurer Name	NY	10168
Jyrl Washington Street Address			Mark Richman		
100 Redwood Shores	Parkway		100 Redwood shor	es Parkway	
City	State	Zip	Clty	State	Zip
Redwood City	CA	94065	Redwood City	CA	94065
9. NAMES AND ADDRESS Director Name	ES OF THE DIRE			BEFORE USING ATTAC	
Debbie Pond-Heide Street Address			Street Address		
100 Redwood shores	Parkway				
City	State	ZIp	City	State	Zip
Redwood City	CA	94065	,	•	
Director Name			Director Name		
Mark Eaton Street Address	_		. Street Address		
100 Redwood Shores	Parkway		•		
City	State	Zip	City	State	Zip
Redwood City	CA	94065	- 1	•••••	2.17
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTA	· ·	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200	Common	\$0.01	100	COMMON	J. 01

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 all statements contained herein are true and correct. <u>February</u> Signatur of Officer

Jyrl Washington Print or Type Name of Officer

Secretary

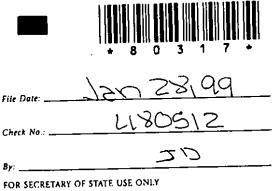


# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

James R. Langevin, Scoretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 . Filing Fee: \$50.00

FORM MUST BE TYPED IN BLACK					
. Corporate ID No.	2. Name of Corporation PAYWISE, INC.		City	State	
Street Address Principal Business Of	Tice		City	CA	94065
100 REDWOOD SHORE	S PARKWAY	5. State of Incorporation NEW YORK	REDWOOD CITY	OA .	6. SIC Code 7880
650-610-1000 Brief Description of the Character of	f Business Conducted in Rho	•••			•
PAYROLLING SERVICE NAMES AND ADDRESS	ES OF THE OFFICER	S (*X* BOX FOR ATTACH	MENT) X FILL IN SPACES BE Vice President Name	FORE USING ATTACHM	IENTS
DEBBIE POND-HEIDE	E		ROSE CAVAGNOLA Street Address		
100 REDWOOD SHORE	ES PARKWAY	Zip	310 MADISON AVE	ENUE, SUITE 1925	Zip
REDWOOD CITY	CA	94065	NEW YORK Treasurer Name	NY	10017
DOREEN R PENFIEL	D		MARK RICHMAN Street Address		
100 REDWOOD SHOR	ES PARKWAY	Zip	100 REDWOOD SHO	State	21p 94065
REDWOOD CITY  9. NAMES AND ADDRESS  Director Name	CA SES OF THE DIRECT	94065 ORS (*x* box for att.	REDWOOD CITY  ACHMENT) FILL IN SPACES  Director Name	CA BEFORE USING ATTAC	<del>-</del>
			MARK R EATON		•
DEBBIE POND-HEID	E	•	Street Address	_	
street Address 100 REDWOOD SHOR		Zip	100 REDWOOD SH	State	Zip
Street Address  100 REDWOOD SHOR  City  REDWOOD CITY	ES PARKWAY	zip 94065	100 REDWOOD SH	ORES PARKWAY  State  CA	
Street Address  100 REDWOOD SHOR  City  REDWOOD CITY	ES PARKWAY	·	100 REDWOOD SH	State	·
Street Address  100 REDWOOD SHOR  City  REDWOOD CITY  Director Name	ES PARKWAY	·	100 REDWOOD SH City REDWOOD CITY Director Name	State	·
Street Address  100 REDWOOD SHOR City  REDWOOD CITY Director Name  Street Address City  10. SHARES AUTHORIZE	ES PARKWAY State  CA  - State	94065	100 REDWOOD SH City  REDWOOD CITY Director Name  - Street Address	State CA State	94065
Street Address  100 REDWOOD SHOR City  REDWOOD CITY Director Name  Street Address City	ES PARKWAY State  CA  - State	94065	100 REDWOOD SH  City  REDWOOD CITY  Director Name  - Street Address  City  11. SHARES ISSUED (*)	State CA State	94065 



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

DOREEN R PENFIELD Print or Type Name of Officer

SECRETARY

# PAYWISE, INC. (NEW YORK)

# ADDITIONAL DIRECTORS AND OFFICERS

Mark R. Eaton

Chief Financial
Officer/Director/Assistant
Secretary

Officer Assistant
Secretary

Divided Business Address

100 Redwood Shores Parkway
Redwood City, CA 94065

Redwood City, CA 94065

New York, NY 10017

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

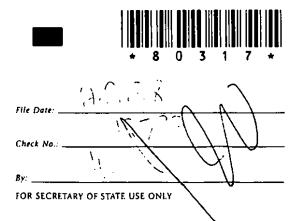
(FORM MUST BE TYPED IN BLACK)

I. Corporate ID No. 80317

2. Name of Carporation PAYWISE, INC.

. Street Address Principal Business (	Office		City	State	Zip
100 REDWOOD SHO	RES PARKWAY	5. State of Incorporation	REDWOOD CITY	CA	94065 6. SIC Code
650-610-1000  Brief Description of the Character	of Business Conducted in i	NEW YORK  Rhode Island			7880
PAYROLLING SERV	ICE"				
. NAMES AND ADDRESS	SES OF THE OFFIC	ERS ("X" BOX FOR ATTACH			
resident Name	tne		Vice President Name ROSE CAVAGNOLO		
DEBORAH POND-HE	INC		Street Address		
100 REDWOOD SHO	DEC DADKMAY		310 MADISON AVENUE	SHITE 1925	
ity	State	Zip	City	State	Zip
REDWOOD CITY	CA	94065	NEW YORK Treasurer Name	NY,	10017
DOREEN PENFIELD	1		MARK RICHMAN Street Address		
100 REDWOOD SHO	RES PARKWAY		100 REDWOOD SHORES	PARKWAY	
lity	State	Zip	City	State	Zip
REDWOOD CITY D. NAMES AND ADDRESS	CA SES OF THE DIREC	94055 C <b>TORS</b> (*x* box for attac		CA	94065
Director Name			Director Name		
DEBORAH POND-HE	IDE		MARK EATON Street Address		•
100 REDWOOD SHO	IRES PARKWAY	Zip	100 REDWOOD SHORES	PARKWAY State	Zip
REDWOOD CITY Director Name	. CA	94065	REDWOOD CITY Director Name	CA	94065
treet Address			Street Address		
Sity	State	Zip	City	State	Zip
O. SHARES AUTHORIZEI	O (*X* BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*X* BO	OX FOR ATTACHMENT)	
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200	COMMON	\$0.01	100	COMMON	\$0.01

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



Under populity of perjury, I declare and affirm that Vhave examined this report, including any accompanying scheduler and statements, and Signature of Officer

DOREEN PENFIELD

Print or Type Name of Officer

SECRETARY



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

## ROFIT CORPORATION ANNUAL REPORT 1997

lling I	Period:	January	1-March	1	•	Filing	Fee:	\$50.00
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CORNA MILET I	OC TUNCO IN DI	(ACP)	

1. Corporate ID No.

2. Name of Corporation

3. Street Address Principal Business Office

PAYWISE, INC.

5. State of Incorporation

**NEW YORK** 

310 MADISON AVENUE, SUITE 1925

NEW YORK

City

State **NEW YORK** 

10017 6. SIC Code

7880

(212) 953-1287 7. Brief Description of the Character of Rusiness Conducted in Rhode Island

80317

PAYROLLING SERVICE

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name DEBORAH POND-HEIDE

4. Business Phone No.

Vice President Name

Street Address

City

City

Street Address

100 REDWOOD SHORES PARKWAY

ROSE CAVAGNOLO

100 REDWOOD SHORES PARKWAY

2.10

REDWOOD CITY Secretary Name

CA

State

94065

REDWOOD CITY Treasurer Name

CA

94065

DOREEN PENFIELD

Street Address

100 REDWOOD SHORES PARKWAY

MARK RICHMAN Street Address

100 REDWOOD SHORES PARKWAY

210

REDWOOD CITY

CA

94065

REDWOOD CITY

MARK EATON

CA

94065

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Director Name

94065

DEBORAH POND-HEIDE Street Address

REDWOOD CITY

100 REDWOOD SHORES PARKWAY

100 REDWOOD SHORES PARKWAY

REDWOOD CITY

City

CA

94065

Director Name

Street Address

Street Address

Director Name

Street Address

City

City

State

10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Value

200

COMMON

\$0.01

100

COMMON

\$0.01

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

File Date: 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 hereinfare issuefund correct.

<u>DOREEN PENFIELD</u> Print or Type Name of Officer

SECRETARY

# PROFIT CORPORATON ANNUAL REPORT

Filing Fee: \$50.00

1996



### State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State

Corporations Division 100 North Main Street

Providence, Rhode Island 02903-1335 • (401) 277-3040

# Filing Feriod: January 1-March 1

PLEASE TYPE OR PRINT IN BLACK INK. 2. NAME OF CORPORATION ZIP CODE STATE New York 10010 902 Broadway 6 SIC CODF 5 STATE OF INCORPORATION 7860 New York HE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAN OFFICERS PRESIDENT NAME STREET ADDRESS STREET ADDRESS ZIP CODE STATE ZIP CODE STATE CITY TREASTIRER NAME SECRETARY NAME STREET ADDRESS ZIP CODE STATE STATE CITY DIRECTOR NAME DIRECTOR VAME STREET ADDRESS STREET ADDRESS ZIP CODE STATE CITY ZIP CODE \$TATE CITY DIRECTOR NAME DIRECTOR NAME STREET ADDRESS STREET ADDRESS Z.P CODE STATE 712 CCDE STATE CITY THORIZED ISSUED SHARES **AUTHORIZED SHARES** PAR VALUE CLASS / SERIES NUMBER OF SHARES CLASS / SERIES PAR VALUE NUMBER OF SHARES

# This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

lo۵

\$01

File Date: Check No:

100

By:

For Secretary of State Use Only

4.01

Signature of Officer

Date FORM 31 12/95

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.



### PAYWISE, INC.

# Directors and Officers

P. Foriel-Destezet 9 av. E. Deschanel 75007 Paris (France)

Director President

Rose Cavagnolo 20-47 28th Street Astoria, NY 11105 #111-28-0022

Executive Vice President Secretary

State of Knode Island and Providence Plantations

Office of The Secretary of State

100 North Main Street

Providence, Rhode Island 02903-1335
401-277-3040

Form 31 1/95

ANNUAL REPORT

File Annually - Jan. 1 - March 'Filing Fee \$50.0'

### Make Checks Payable to: Secretary of Stati ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED. 3692806 Annual Report for the year: \_\_\_\_ PAY WISE Name of Corporation: Business entity organized under the laws of the State of: NEW Business Entity is (check one): For foreign entity, address and telephone number of principal office: Business Corporation (See RIGL Chapter 7-1.1) BROADWAY. [ ] Professional Service Corporation (See RIGL Chapter 7-5.1) Brief statement of the character of business conducted in Rhode Island: Address and telephone of the principal office of business entity in Rhode Island (Provide street address: Not P.O. Box): Phone: S THE NAMES OF THE OFFICERS ARE PRESIDENT STREET ADDITES CITY/STATE AN COOP VICE PRESIDENT STREET ADDRESS CITYSTATE ZIP CODE SECRETARY CITYSTATE ZJP CODE Musse Se Attre TREASURER CTIYSTATE ZU CODE THE NAMES OF THE DIRECTORS ARE: NAME STREET ADDRESS CTIY/STATE ZU CODE NAMO STREET ADDRESS CITY/STATE ZIP COOE STREET ADDRESS CITYSTATE 272 COOK NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) Number of Shares Class / Series Number of Shares Class / Series DAIL MAIRCH 15 10 95

TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

MAR 20 1995 MA 129 26

# ECCO STAFFING SERVICES, INC. 13-3176157

Barbara Mass	Rose Cavagnolo	Pierre Dupasquier	Philippe Foriel Destezet
20 E. 21st Street, New York, N.Y. 10010	902 Broadway, New York, N.Y. 10010	902 Broadway, New York,   N.Y. 10010	902 Broadway, New York, N.Y.
k, V.P	V.P./Secy.	Director	Chairman
069-34-1287	111-28-0022		