

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000003855

**Entity Name:** ONFORCE, INC.

**Current Principal Place of Business:**

ONE ADP BOULEVARD  
MS 325  
ROSELAND, NY 07068

**FILED**  
**Apr 30, 2020**  
**Secretary of State**  
**0244779515CC**

**Current Mailing Address:**

ONE ADP BOULEVARD  
MS 325  
ROSELAND, NY 07068

**FEI Number: 02-3033134**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
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 A  
Address ONE ADP BOULEVARD  
City-State-Zip: ROSELAND NJ 07068

Title VPT  
Name EBERHARD, MICHAEL C  
Address ONE ADP BOULEVARD  
City-State-Zip: ROSELAND NJ 07068

Title VPD  
Name WINTERS, KATHLEEN  
Address ONE ADP BOULEVARD  
City-State-Zip: ROSELAND NJ 07068

Title AS  
Name GALLAGHER, BRIAN  
Address ONE ADP BOULEVARD  
City-State-Zip: ROSELAND NJ 07068

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

Title AS  
Name WISNIOWSKI, DOROTHY  
Address ONE ADP BOULEVARD  
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: BRIAN GALLAGHER**

**ASST. SECRETARY**

**04/30/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date