

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000001420

**Entity Name:** PAYCOM SOFTWARE, INC.**Current Principal Place of Business:**7501 W. MEMORIAL ROAD  
OKLAHOMA CITY, OK 73142**Current Mailing Address:**7501 W. MEMORIAL ROAD  
OKLAHOMA CITY, OK 73142**FEI Number:** 80-0957485**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 DIRECTOR  
Name RICHISON, CHAD  
Address 7501 W. MEMORIAL ROAD  
City-State-Zip: OKLAHOMA CITY OK 73142

Title DIRECTOR  
Name LEVENSON, ROBERT  
Address 7501 W. MEMORIAL RD  
City-State-Zip: OKLAHOMA CITY OK 73142

Title DIRECTOR  
Name WATTS, J.C.  
Address 7501 W. MEMORIAL RD  
City-State-Zip: OKLAHOMA CITY OK 73142

Title DIRECTOR  
Name DUQUES, HENRY  
Address 320 PARK AVENUE #2500  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name PETERS, FREDERICK C II  
Address 108 BROWNING LANE  
City-State-Zip: BRYN MAWR PA 19010

Title DIRECTOR  
Name CLARK, JASON DEAN  
Address 7501 W. MEMORIAL RD.  
City-State-Zip: OKLAHOMA CITY OK 73142

Title DIRECTOR  
Name HAUGEN, JANET B  
Address 7501 W. MEMORIAL ROAD  
City-State-Zip: OKLAHOMA CITY OK 73142

Title CFO  
Name BOELTE, CRAIG  
Address 7501 W. MEMORIAL RD.  
City-State-Zip: OKLAHOMA CITY OK 73142

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*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: CRAIG BOELTE****CFO****04/27/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CHIEF SALES OFFICER  
Name FAUROT, HOLLY  
Address 7501 W. MEMORIAL ROAD  
City-State-Zip: OKLAHOMA CITY OK 73142

Title CHIEF INFORMATION OFFICER  
Name SMITH, BRAD  
Address 7501 W. MEMORIAL ROAD  
City-State-Zip: OKLAHOMA CITY OK 73142

Title COO  
Name EVANS, JON  
Address 7501 W. MEMORIAL ROAD  
City-State-Zip: OKLAHOMA CITY OK 73142