

2022 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 TURNEY, SHAREN
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

Continues on page 2

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****04/27/2022**

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