

1.) CORPORATION NAME:

DUE DATE: **4/30/2013**

**Ceridian Corporation**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1466947**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3311 E OLD SHAKOPEE RD  
CORPORATE TAX - HQE04B

CITY/ST/ZIP: MINNEAPOLIS, MN 55425

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	STUART C HARVEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3311 E OLD SHAKOPEE RD		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55425		

NAME:	TIMOTHY G FARLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3311 E OLD SHAKOPEE ROAD		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55425		

NAME:	NICHOLAS D CUCCI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/T		
ADDRESS:	3311 E OLD SHAKOPEE RD		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55425		

NAME:	LOIS M MARTIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3311 E OLD SHAKOPEE ROAD		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55425		

NAME:	KAREN A PIEHLER-SHAW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AST VICE PRES		
ADDRESS:	3311 E OLD SHAKOPEE ROAD		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55425		

NAME:	STUART C HARVEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	3311 E OLD SHAKOPEE RD		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55425		

NAME: WILLIAM P FOLEY TITLE: DIRECTOR ADDRESS: 601 RIVERSIDE AVE CITY/ST/ZIP/CO: JACKSONVILLE, FL 32204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS M HAGERTY TITLE: DIRECTOR ADDRESS: 100 FEDERAL ST CITY/ST/ZIP/CO: BOSTON, MA 02110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SCOTT L JAECKEL TITLE: DIRECTOR ADDRESS: 100 FEDERAL STREET CITY/ST/ZIP/CO: 35TH FLOOR BOSTON, MA 02110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SOREN L OBERG TITLE: DIRECTOR ADDRESS: 100 FEDERAL STREET CITY/ST/ZIP/CO: 35TH FLOOR BOSTON, MA 02110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE P SCANLON TITLE: DIRECTOR ADDRESS: 601 RIVERSIDE AVE CITY/ST/ZIP/CO: JACKSONVILLE, FL 32204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ KAREN A PIEHLER-SHAW SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KAREN A PIEHLER-SHAW, AST VICE PRES PRINTED NAME AND CORPORATE TITLE	4/4/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		