

1.) CORPORATION NAME:

DUE DATE: **4/30/2014**

**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
COMMON	100,000

**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

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.

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

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

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

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SOREN L OBERG DIRECTOR 100 FEDERAL STREET 35TH FLOOR BOSTON, MA 02110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE P SCANLON DIRECTOR 3311 E OLD SHAKOPEE RD MINNEAPOLIS, MN 55425	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAURA K MOLLETT SECRETARY 3311 E OLD SHAKOPEE RD MINNEAPOLIS, MN 55425	<input checked="" type="checkbox"/> OFFICER	<input 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/ LAURA K MOLLETT	LAURA K MOLLETT, SECRETARY	4/27/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.			