

F100000002765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

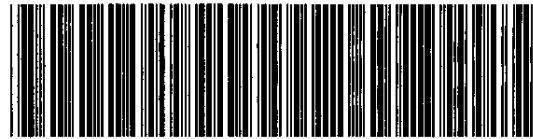
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/12/17--01017--001 \*\*43.75

NC

APR 13 2017

R. WHITE

17 APR 12 PM 1:59  
2017

CONDUENT



April 11, 2017

Via UPS Overnight Courier

Florida Department of State  
**Division of Corporations—Amendment Section**  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Amendment to Foreign Registration – **Name Change**

Dear Florida Division of Corporations,

Regarding the attached entity's recent name change in its domestic State of formation, enclosed is our **Application By Foreign Profit Corporation To File Amendment To Application For Authorization To Transact Business In Florida**, with attached evidence from its domestic State of formation. Also enclosed is our check for payment of your processing fees.

Upon filing, please return file-marked copies of same to the following person (a self-addressed envelope is provided):

Kathy L. Brown, Paralegal  
Conduent Business Services, LLC  
2828 N. Haskell Ave, Bldg 1, 9<sup>th</sup> Floor  
Dallas, Texas 75204

Thank you for your assistance, and please don't hesitate to contact me directly, should you have any questions or concerns.

Sincerely,

Kathy Brown  
Corporate Paralegal  
Conduent Business Services, LLC  
**Direct Dial: 214-841-6346**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Xerox Care and Quality Solutions, Inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F10000002765

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Brown

\_\_\_\_\_  
Name of Contact Person

Conduent Business Services, LLC

\_\_\_\_\_  
Firm/Company

2828 N. Haskell Ave., 9th Floor

\_\_\_\_\_  
Address

Dallas, TX 75204

\_\_\_\_\_  
City/State and Zip Code

cbs.legal-corporate@conduent.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Brown

\_\_\_\_\_  
Name of Contact Person

at ( 214 )

841-6346

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &  
Certificate of Status



\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)



\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

(Pursuant to s. 607.1504, F.S.)

F10000002765

**Xerox Care and Quality Solutions, Inc.**

2 Wisconsin

3. 6/16/2010

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? March 31, 2017

5 Conduent Care and Quality Solutions, Inc.

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Stephanie Grossman

Assistant Secretary

(Title of person signing)

STATE OF WISCONSIN  
FILED

APR - 3 2017

**FILING FEE \$40.00**  
☒ **OPTIONAL EXPEDITED SERVICE** + \$25.00

DO NOT STAPLE

Sec. 180.1006  
Wis. Stats.

DEPARTMENT OF  
FINANCIAL INSTITUTIONS  
State of Wisconsin  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
Division of Corporate & Consumer Services



**ARTICLES OF AMENDMENT – STOCK, FOR-PROFIT CORPORATION**

A. The present corporate name (prior to any change effected by this amendment) is:

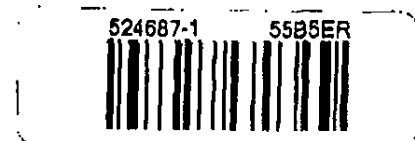
Xerox Care and Quality Solutions, Inc.

(Enter Corporate Name)

*Text of Amendment (Refer to the existing articles of incorporation and the instructions on the reverse of this form. Determine those items to be changed and set forth the number identifying the paragraph in the articles of incorporation being changed and how the amended paragraph is to read.)*

RESOLVED, THAT the articles of incorporation be amended as follows:

Article I: The name of the corporation is Conduent Care and Quality Solutions, Inc.



STATE OF WISCONSIN  
FILED

APR - 3 2017

DEPARTMENT OF  
FINANCIAL INSTITUTIONS

B. Amendment(s) adopted on February 7, 2017

(Indicate the method of adoption by checking (X) the appropriate choice below.)

- ☐ In accordance with sec. 180.1002, Wis. Stats. (By the Board of Directors)
- OR
- ☒ In accordance with sec. 180.1003, Wis. Stats. (By the Board of Directors and Shareholders)
- OR
- ☐ In accordance with sec. 180.1005, Wis. Stats. (By Incorporators or Board of Directors, before issuance of shares)

C. Executed on 3/30/17  
(Date)

Stephanie Grossman  
(Signature)

Title: ☐ President ☐ Secretary  
or other officer title Assistant Secretary

Stephanie Grossman  
(Printed name)

This document was drafted by Stephanie Grossman  
(Name the individual who drafted the document)

**INSTRUCTIONS** (Ref. sec. 180.1006 Wis. Stats. for document content)

Please use BLACK ink. Submit one original to State of WI-Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with a **FILING FEE** of \$40.00 payable to the department. Filing fee is non-refundable. (If sent by Express or Priority U.S. mail, address to 201 W. Washington Ave., Suite 300, Madison WI, 53703). The original must include an original manual signature, per sec. 180.0120(3)(c), Wis. Stats. **NOTICE:** This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 771 for TTY.



For Office



**State of Wisconsin  
Department of Financial Institutions**

***Endorsement***

**ARTICLES OF AMENDMENT - STOCK, FOR-PROFIT CORPORATION - Ch. 180**

**XEROX CARE AND QUALITY SOLUTIONS, INC.**

**Received Date: 3/31/2017**

**Filed Date: 4/3/2017**

**Filing Fee: \$40.00**

**Expedited Fee: \$25.00**

**Total Fee: \$65.00**

**Entity ID#: M039289**

**NAME CHANGE**

TEMPLATE  
2011

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that Articles of Amendment were filed with this department effective March 31, 2017 changing the name of XEROX CARE AND QUALITY SOLUTIONS, INC. to the present name of CONDUENT CARE AND QUALITY SOLUTIONS, INC.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed the official seal  
of the Department on April 3, 2017.

A handwritten signature in cursive script that reads "Mary Ann McCoshen".

MARY ANN McCOSHEN, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

BY: 



DFI/CORP/30  
DOCUMENT  
2011

United States of America  
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that the annexed copy has been compared with the document on file in the Corporation Section of the Division of Corporate & Consumer Services of this department, and that the same is a true copy thereof; and that I am the legal custodian of said document, and that this certification is in due form.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed the official seal  
of the Department.

A handwritten signature in cursive script that reads 'Mary Ann McCoshen'.

MARY ANN McCOSHEN, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

DATE: APR - 3 2017

BY:

A handwritten signature in cursive script, likely belonging to a witness or official, positioned below the 'BY:' label.

DO NOT STAPLE

Sec. 180.1006  
Wis. Stats.

State of Wisconsin  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
Division of Corporate & Consumer Services

**FILING FEE \$40.00**  
☒ **OPTIONAL EXPEDITED SERVICE** + \$25.00



**ARTICLES OF AMENDMENT – STOCK, FOR-PROFIT CORPORATION**

A. The present corporate name (prior to any change effected by this amendment) is:

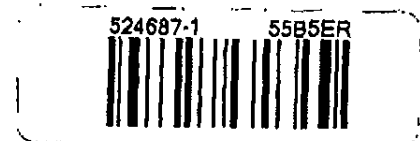
Xerox Care and Quality Solutions, Inc.

(Enter Corporate Name)

*Text of Amendment (Refer to the existing articles of incorporation and the instructions on the reverse of this form. Determine those items to be changed and set forth the number identifying the paragraph in the articles of incorporation being changed and how the amended paragraph is to read.)*

RESOLVED, THAT the articles of incorporation be amended as follows:

Article I: The name of the corporation is Conduent Care and Quality Solutions, Inc.



B. Amendment(s) adopted on February 7, 2017

(Indicate the method of adoption by checking (X) the appropriate choice below.)

- ☐ In accordance with sec. 180.1002, Wis. Stats. (By the Board of Directors)
- OR
- ☒ In accordance with sec. 180.1003, Wis. Stats. (By the Board of Directors and Shareholders)
- OR
- ☐ In accordance with sec. 180.1005, Wis. Stats. (By Incorporators or Board of Directors, before issuance of shares)

C. Executed on 3/30/17 Stephanie Grossman  
(Date) (Signature)

Title: ☐ President ☐ Secretary  
or other officer title Assistant Secretary Stephanie Grossman  
(Printed name)

This document was drafted by Stephanie Grossman  
(Name the individual who drafted the document)

**INSTRUCTIONS** (Ref. sec. 180.1006 Wis. Stats. for document content)

Please use BLACK ink. Submit one original to State of WI-Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with a **FILING FEE** of \$40.00 payable to the department. Filing fee is non-refundable. (If sent by Express or Priority U.S. mail, address to 201 W. Washington Ave., Suite 300, Madison WI, 53703). The original must include an original manual signature, per sec. 180.0120(3)(c), Wis. Stats. **NOTICE:** This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 771 for TTY.



For Office



**State of Wisconsin  
Department of Financial Institutions**

***Endorsement***

**ARTICLES OF AMENDMENT - STOCK, FOR-PROFIT CORPORATION - Ch. 180**

**XEROX CARE AND QUALITY SOLUTIONS, INC.**

**Received Date: 3/31/2017**

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**Filing Fee: \$40.00**

**Expedited Fee: \$25.00**

**Total Fee: \$65.00**

**Entity ID#: M039289**

**NAME CHANGE**

DOM  
180 181 183

United States of America  
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

CONDUENT CARE AND QUALITY SOLUTIONS, INC.

is a domestic corporation or limited liability company organized under the laws of this state and that its date of incorporation or organization is August 9, 1990.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have  
hereto set my hand and affixed the official seal  
of the Department on April 3, 2017.

A handwritten signature in cursive script, reading "Mary Ann McCoshen".

MARY ANN McCOSHEN, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

BY:

A handwritten signature in cursive script, likely of the official, with the date "10/16" written below it.