

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000000433

**Entity Name:** XEROX FINANCIAL SERVICES LLC**Current Principal Place of Business:**201 MERRITT 7  
NORWALK, CT 06851**Current Mailing Address:**201 MERRITT 7  
NORWALK, CT 06851 US**FEI Number:** 74-3074539**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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**Authorized Person(s) Detail :**

Title SECRETARY  
Name MARSHALL, DOUGLAS H  
Address 201 MERRITT 7  
City-State-Zip: NORWALK CT 06851

Title VP, CHIEF RISK OFFICER  
Name MCINTYRE, DUNCAN  
Address 201 MERRITT 7  
City-State-Zip: NORWALK CT 06851

Title ASSISTANT SECRETARY  
Name FANNING, KATHLEEN S  
Address 201 MERRITT 7  
City-State-Zip: NORWALK CT 06851

Title PRESIDENT  
Name LYLE, THOMAS G.  
Address 201 MERRITT 7  
City-State-Zip: NORWALK CT 06851

Title VP  
Name SELLITTO, COURTNEY  
Address 201 MERRITT 7  
City-State-Zip: NORWALK CT 06851

Title VP  
Name BIRKENHOLZ, ROBERT  
Address 201 MERRITT 7  
City-State-Zip: NOWALK CT 06851

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHLEEN S. FANNING**ASSISTANT SECRETARY** 04/17/2017\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date