

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000433

Entity Name: XEROX FINANCIAL SERVICES LLC**Current Principal Place of Business:**45 GLOVER AVENUE, ROOM 7033D
NORWALK, CT 06856-4505**Current Mailing Address:**45 GLOVER AVENUE, ROOM 7033D
NORWALK, CT 06856-4505**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 MANAGER
Name PHILIP, ROHIT
Address 45 GLOVER AVENUE
City-State-Zip: NORWALK CT 06856-4505

Title VP, TREASURER
Name RIVERA, JOHN F
Address 45 GLOVER AVENUE
City-State-Zip: NORWALK CT 06856

Title SECRETARY
Name MARSHALL, DOUGLAS H
Address 45 GLOVER AVENUE
City-State-Zip: NORWALK CT 06856

Title ASST. SECRETARY
Name STALLS, JUSTIN D.
Address 45 GLOVER AVENUE, ROOM 7033D
City-State-Zip: NORWALK CT 06856-4505

Title VP, CFO
Name ENSENAT, SANDRA
Address 45 GLOVER AVE, ROOM 7033D
City-State-Zip: NORWALK CT 06856

Title VP, CHIEF RISK OFFICER
Name MCINTYRE, DUNCAN
Address 45 GLOVER AVE, ROOM 7033D
City-State-Zip: NORWALK CT 06856

Title PRESIDENT
Name MAIER, FRAN
Address 45 GLOVER AVE, ROOM 7033D
City-State-Zip: NORWALK CT 06856

Title VP
Name LYLE, THOMAS G.
Address 45 GLOVER AVENUE
ROOM 7033D
City-State-Zip: NORWALK CT 06856-4505

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: JUSTIN D. STALLS**ASST. SECRETARY****04/21/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date