#### **2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000003937

Entity Name: XEROX BUSINESS SOLUTIONS SOUTHEAST, LLC

FILED Apr 16, 2024 Secretary of State 0032907645CC

## **Current Principal Place of Business:**

10690 JOHN KNIGHT CLOSE MONTGOMERY, AL 36117

## **Current Mailing Address:**

10690 JOHN KNIGHT CLOSE MONTGOMERY. AL 36117 US

FEI Number: 63-0872797 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 PRESIDENT Title VS

NameBLANKENSHIP, BENNameCOLON, FLOR MAddress10690 JOHN KNIGHT CLOSEAddress201 MERRITT 7

City-State-Zip: MONTGOMERY AL 36117 City-State-Zip: NORWALK CT 06851

Title MANAGER Title TREASURER

Name THOMAS, BETH Name MCFADDEN, CLAIRE

Address 10690 JOHN KNIGHT CLOSE Address 10690 JOHN KNIGHT CLOSE
City-State-Zip: MONTGOMERY AL 36117 City-State-Zip: MONTGOMERY AL 36117

Title MGR, ASST. TREASURER Title ASST. TREASURER

Name MILNE, DAVID Name MORENZONI, RICK

Address 8701 FLORIDA MINING BLVD Address 10690 JOHN KNIGHT CLOSE City-State-Zip: TAMPA FL 33634 City-State-Zip: MONTGOMERY AL 36117

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: DAVID MILNE MANAGER 04/16/2024