

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000003937

Entity Name: XEROX BUSINESS SOLUTIONS SOUTHEAST, LLC**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
Name BLANKENSHIP, BEN
Address 10690 JOHN KNIGHT CLOSE
City-State-Zip: MONTGOMERY AL 36117

Title VS
Name COLON, FLOR M
Address 201 MERRITT 7
City-State-Zip: NORWALK CT 06851

Title MANAGER
Name THOMAS, BETH
Address 10690 JOHN KNIGHT CLOSE
City-State-Zip: MONTGOMERY AL 36117

Title TREASURER
Name DERAMUS, TRACY
Address 10690 JOHN KNIGHT CLOSE
City-State-Zip: MONTGOMERY AL 36117

Title MGR, ASST. TREASURER
Name MILNE, DAVID
Address 8701 FLORIDA MINING BLVD
City-State-Zip: TAMPA FL 33634

Title ASST. TREASURER
Name DENNISON, DIANE
Address 10690 JOHN KNIGHT CLOSE
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****04/24/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date