

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000005525

**Entity Name:** BROADRIDGE OUTPUT SOLUTIONS, INC.

**Current Principal Place of Business:**

2 GATEWAY CENTER 283-299 MARKET ST  
ATT:CORPORATE TAX DEPT  
NEWARK, NJ 07102

**FILED**  
**Apr 16, 2019**  
**Secretary of State**  
**7080577616CC**

**Current Mailing Address:**

2 GATEWAY CENTER, 283-299 MARKET STREET  
ATT: CORPORATE TAX DEPT  
NEWARK, NJ 07102 US

**FEI Number: 22-3831708**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            AMSTERDAM, ADAM D  
Address        2 GATEWAY CENTER, 283-299  
                  MARKET STREET  
City-State-Zip: NEWARK NJ 07102

Title            MANAGER  
Name            LISA, DAVID  
Address        2 GATEWAY CENTER, 283-299  
                  MARKET STREET  
City-State-Zip: NEWARK NJ 07102

Title            ASST. SECRETARY  
Name            KEEGAN, SIOBHAN  
Address        2 GATEWAY CENTER, 283-299  
                  MARKET STREET  
City-State-Zip: NEWARK NJ 07102

Title            ASSISTANT S, ASST. SECRETARY  
Name            SPATHAKIS, ANDREW  
Address        2 GATEWAY CENTER, 283-299  
                  MARKET STREET  
City-State-Zip: NEWARK NJ 07102

Title            TREASURER  
Name            ROSENTHAL, STEVEN  
Address        2 GATEWAY CENTER, 283-299  
                  MARKET STREET  
                  ATT: CORPORATE TAX DEPT  
City-State-Zip: NEWARK NJ 07102

Title            VICE PRESIDENT/CFO  
Name            YOUNG, JAMES  
Address        2 GATEWAY CENTER, 283-299  
                  MARKET STREET  
City-State-Zip: NEWARK NJ 07102

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ADAM AMSTERDAM**

**PRESIDENT**

**04/16/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date