## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000004728

Entity Name: BHC CUSTOMER CARE INTEGRATION CORP.

**Current Principal Place of Business:** 

90 AIR PARK DR. STE 200

ROCHESTER, NY 14624

**Current Mailing Address:** 

90 AIR PARK DR.

**STE 200** 

ROCHESTER, NY 14624 US

FEI Number: 16-1573553 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

**BUSINESS FILINGS INCORPORATED** 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: CHRIS DAS 01/13/2023

Electronic Signature of Registered Agent

Officer/Director Detail:

**PRESIDENT** Title Title VICE-PRESIDENT

NORTHRUP (CHAIRMAN OF THE Name Name NORTHRUP, STEPHEN BOARD), STEPHEN

Address 90 AIR PARK DR. STE 200 Address 90 AIR PARK DR. STE 200 City-State-Zip: **ROCHESTER NY 14624** 

**ROCHESTER NY 14624** City-State-Zip:

Title **TREASURER** Title **SECRETARY** 

Name NORTHRUP, CHRISTINA NORTHRUP, STEPHEN Name Address 90 AIR PARK DR. STE 200 90 AIR PARK DR. STE 200 Address City-State-Zip: **ROCHESTER NY 14624** 

City-State-Zip: **ROCHESTER NY 14624** 

Title **DIRECTOR** 

NORTHRUP, STEPHEN Name Address 90 AIR PARK DR. STE 200 City-State-Zip: **ROCHESTER NY 14624** 

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: STEPHEN NORTHRUP

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

01/13/2023 Date

Date

**FILED** Jan 13, 2023

**Secretary of State** 

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