

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004728

Entity Name: BHC CUSTOMER CARE INTEGRATION CORP.**Current Principal Place of Business:**90 AIR PARK DR.
ROCHESTER, NY 14624**Current Mailing Address:**90 AIR PARK DR.
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:** MARK WILLIAMS

01/15/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title PRESIDENT
Name NORTHRUP (CHAIRMAN OF THE BOARD), STEPHEN
Address 90 AIR PARK DR. STE 200
City-State-Zip: ROCHESTER NY 14624

Title SECRETARY
Name NORTHRUP, STEPHEN
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

PRESIDENT

01/15/2018

Electronic Signature of Signing Officer/Director Detail

Date