

2024 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:** MARK WILLIAMS

01/24/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title	PRESIDENT
Name	NORTHROP (CHAIRMAN OF THE BOARD), 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 NORTHROP

PRESIDENT

01/24/2024

Electronic Signature of Signing Officer/Director Detail

Date