

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002765

**Entity Name:** CONDUENT CARE AND QUALITY SOLUTIONS, INC.

**Current Principal Place of Business:**

100 CAMPUS DRIVE,  
SUITE 200  
FLORHAM PARK, NJ 07932

**Current Mailing Address:**

100 CAMPUS DRIVE,  
SUITE 200  
FLORHAM PARK, NJ 07932 US

**FEI Number:** 39-1677922

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 SECRETARY, DIRECTOR, VP  
Name PEFFER, J. MICHAEL  
Address 100 CAMPUS DRIVE  
City-State-Zip: FLORHAM PARK NJ 07932

Title TREASURER  
Name STARR, ROBERT  
Address 100 CAMPUS DRIVE  
City-State-Zip: FLORHAM PARK NJ 07932

Title DIRECTOR, SVP  
Name WALSH, BRIAN  
Address 100 CAMPUS DRIVE  
City-State-Zip: FLORHAM PARK NJ 07932

Title PRESIDENT  
Name COLLIER, MARCUS  
Address 100 CAMPUS DRIVE,  
SUITE 200  
City-State-Zip: FLORHAM PARK NJ 07932

*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:** J. MICHAEL PEFFER

**VICE PRESIDENT**

**02/06/2019**

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

\_\_\_\_\_  
Date