

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002765

Entity Name: CONDUENT CARE AND QUALITY SOLUTIONS, INC.**Current Principal Place of Business:**100 CAMPUS DRIVE,
FLORHAM PARK, NJ 07932**Current Mailing Address:**100 CAMPUS DRIVE,
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 | KRAWITZ, 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 |
| Name | WALSH, BRIAN |
| Address | 100 CAMPUS DRIVE |
| City-State-Zip: | FLORHAM PARK NJ 07932 |

| | |
|-----------------|-----------------------|
| Title | PRESIDENT |
| Name | BREWER, MARK SIMON |
| Address | 100 CAMPUS DRIVE, |
| 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: MICHAEL KRAWITZ**SECRETARY****04/27/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date