

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002765

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

**Current Principal Place of Business:**

9779 S FRANKLIN DR SUITE 300  
FRANKLIN, WI 53135

**Current Mailing Address:**

2828 N HASKELL AVE BLDG 1, FL-9  
DALLAS, TX 75204

**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 D  
Name FESTA, MIKE R  
Address 45 GLOVER AVE  
City-State-Zip: NORWALK CT 06856

Title DVPS  
Name PEFFER, J. MICHAEL  
Address 2828 N HASKELL AVE, BLDG 1, FL-10  
City-State-Zip: DALLAS TX 75204

Title T  
Name SEEGAL, RHONDA L  
Address 45 GLOVER AVE  
City-State-Zip: NORWALK CT 06856

*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**

**SECRETARY**

**04/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date