

F10000001791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

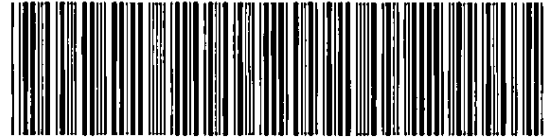
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 FEB -9 PM 3:41

ALLAHASSEE, FL

FILED

2022 FEB -9 AM 8:3

STATE
HALL, FL

Y. SULKER

FEB 10 2022

FILE 1ST

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 436650 8175985

AUTHORIZATION : 

COST LIMIT : \$ 35.00

ORDER DATE : January 26, 2022

ORDER TIME : 2:25 PM

ORDER NO. : 436650-005

CUSTOMER NO: 8175985

FOREIGN FILINGS

NAME: CONDUENT PERFORMANCE
IMPROVEMENT SOLUTIONS, INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: _____

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Conduent Performance Improvement Solutions, Inc.

(Name of Corporation)

F10000001791

(Document Number of Corporation (if known))

Oregon 04/15/2010

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

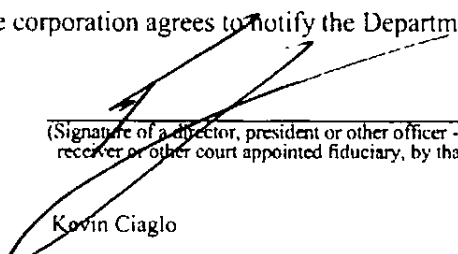
100 Campus Drive

(Mailing Address)

Florham Park, NJ 07932

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

(Date)

Kevin Ciaglo

(Typed or printed name of person signing)

Manager

(Title of person signing)

FILING FEE \$35

FILED
2010 APR -9 AM 8
DEPT. OF STATE
TALLAHASSEE, FL