

F21600005732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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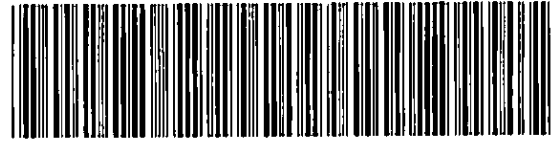
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 OCT -6 AM 10:26

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

ACCOUNT NO. : I20000000195

REFERENCE : 078463 8175985

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : October 5, 2021

ORDER TIME : 9:23 AM

ORDER NO. : 078463-005

CUSTOMER NO: 8175985

FOREIGN FILINGS

NAME: CONDUENT HEALTHY COMMUNITIES
CORPORATION

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Conduent Healthy Communities Corporation
 (Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. California 3. 30-0484431
 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/19/2008 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Filing
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 100 Campus Drive Florham Park, NJ 07932
 (Principal office street address)
- 100 Campus Drive Florham Park, NJ 07932
 (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
 (City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: Alexis Weber, Assistant Vice President
 (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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 DEPT. OF STATE
 TALLAHASSEE, FL

A. DIRECTORS

☐ Chairman Name: Michael Krawitz

☐ Vice Chairman Address: 100 Campus Drive

☒ Director Florham Park, NJ 07932

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Kevin Ciaglo

☐ Vice Chairman Address: 100 Campus Drive

☒ Director Florham Park, NJ 07932

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Assistant Secretary ☐ Other _____

☐ Chairman Name: Keith Kruger

☐ Vice Chairman Address: 100 Campus Drive

☐ Director Florham Park, NJ 07932

☐ President _____

☒ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Robert Starr

☐ Vice Chairman Address: 100 Campus Drive

☐ Director Florham Park, NJ 07932

☐ President _____

☐ Vice President _____

☐ Secretary ☒ Treasurer

☒ Other VP ☐ Other _____

☐ Chairman Name: Stephen Wood

☐ Vice Chairman Address: 100 Campus Drive

☐ Director Florham Park, NJ 07932

☒ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other CFO ☐ Other _____

☐ Chairman Name: Brian Clayton

☐ Vice Chairman Address: 100 Campus Drive

☐ Director Florham Park, NJ 07932

☐ President _____

☒ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other CCO ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Kevin Ciaglo
F5E4C57C1D884C9 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Kevin Ciaglo, Assistant Secretary
(Typed or printed name and capacity of person signing application)



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: CONDUENT HEALTHY COMMUNITIES CORPORATION
File Number: C2954427
Registration Date: 05/19/2008
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of October 4, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 5, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: RX1DAGR

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.