

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000021354

Entity Name: CONDUENT HEALTHCARE KNOWLEDGE 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:** 59-3236696**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, EVP
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	FISHERMAN, MICHAEL
Address	100 CAMPUS DRIVE
City-State-Zip:	FLORHAM PARK NJ 07932

Title	VP
Name	KRUGER, KEITH
Address	100 CAMPUS DRIVE,
City-State-Zip:	FLORHAM PARK NJ 07932

Title	PRESIDENT
Name	KING, RANDALL
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****04/25/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date