

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000004670

Entity Name: CONVERGYS LEARNING SOLUTIONS LLC**Current Principal Place of Business:**201 E FOURTH ST
CINCINNATI, OH 45202**Current Mailing Address:**201 E FOURTH ST
LEGAL DEPARTMENT
CINCINNATI, OH 45202 US**FEI Number:** 94-3244366**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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**Authorized Person(s) Detail :**

Title	SECRETARY, MANAGER
Name	FOGARTY, JANE C
Address	39899 BALENTINE DRIVE SUITE 235
City-State-Zip:	NEWARK CA 94560

Title	PRESIDENT
Name	CALDWELL, CHRISTOPHER A
Address	39899 BALENTINE DRIVE SUITE 235
City-State-Zip:	NEWARK CA 94560

Title	TREASURER
Name	WIEDWALD, DAVID R
Address	201 E FOURTH ST
City-State-Zip:	CINCINNATI OH 45202

Title	VP, TAX
Name	BONTA-LEWIS, ERIN
Address	201 E FOURTH ST
City-State-Zip:	CINCINNATI OH 45202

Title	CFO
Name	VALENTINE, ANDRE S
Address	201 E FOURTH STREET
City-State-Zip:	CINCINNATI OH 45202

Title	MANAGER, ASSISTANT CORPORATE SECRETARY
Name	FARWIG, ANDREW A
Address	201 E FOURTH STREET
City-State-Zip:	CINCINNATI OH 45202

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW A FARWIG**MANAGER****04/22/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date