## 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 854870** 

Entity Name: XEROX AUDIO VISUAL SOLUTIONS, INC.

**Current Principal Place of Business:** 

3170 REPS MILLER RD SUITE 190

NORCROSS, GA 30071

**Current Mailing Address:** 

3170 REPS MILLER RD.

SUITE 190

NORCROSS, GA 30071

FEI Number: 58-1428621 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 32334 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

FILED Apr 01, 2014

**Secretary of State** 

CC9865782088

Officer/Director Detail:

Title T Title S

Name SMALL, ALLAN Name KOSARZYCKI, ROXANNE

Address 3170 REPS MILLER RD. Address 3820 NORTHDALE BLVD #200A

City-State-Zip: NORCROSS GA 30071 City-State-Zip: TAMPA FL 33624

Title C Title VP

Name SALIERNO, THOMAS JR Name BASS, R. EDWARD

Address 3820 NORTHDALE BLVD #200A Address 3820 NORTHDALE BLVD #200A

City-State-Zip: TAMPA FL 33624 City-State-Zip: TAMPA FL 33624

Title F

Name SCHWEIZER, JOHN

Address 3170 REPS MILLER ROAD

**STE 190** 

City-State-Zip: NORCROSS GA 30071

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: ROXANNE KOSARZYCKI

**SECRETARY** 

04/01/2014