

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38993

FILED
Mar 07, 2016
Secretary of State
CC1387389340

Entity Name: CONCENTRIX INSURANCE ADMINISTRATION SOLUTIONS CORPORATION

Current Principal Place of Business:

2000 WADE HAMPTON BLVD.
GREENVILLE, SC 29615

Current Mailing Address:

2000 WADE HAMPTON BOULEVARD
LEGAL DEPARTMENT
GREENVILLE, SC 29615 US

FEI Number: 57-0935614

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

Officer/Director Detail :

Title PRESIDENT
Name MURAI, KEVIN M.
Address 44201 NOBEL DRIVE
City-State-Zip: FREMONT CA 94538

Title SECRETARY
Name LEUNG, SIMON Y
Address 44201 NOBEL DRIVE
City-State-Zip: FREMONT CA 94538

Title TREASURER
Name VAISHNAV, MAYANK B
Address 44201 NOBEL DRIVE
City-State-Zip: FREMONT CA 94538

Title DIRECTOR
Name MURAI, KEVIN M.
Address 44201 NOBEL DRIVE
City-State-Zip: FREMONT CA 94538

Title DIRECTOR
Name LEUNG, SIMON Y
Address 44201 NOBEL DRIVE
City-State-Zip: FREMONT CA 94538

Title CFO
Name WITT, MARSHALL W.
Address 44201 NOBEL DRIVE
City-State-Zip: FREMONT CA 94538

Title COO
Name POLK, DENNIS J.
Address 44201 NOBEL DRIVE
City-State-Zip: FREMONT CA 94538

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: SIMON Y. LEUNG

SECRETARY

03/07/2016

Electronic Signature of Signing Officer/Director Detail

Date