# Entity Name: CONCENTRIX INSURANCE ADMINISTRATION SOLUTIONS CORPORATION

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

2000 WADE HAMPTON BLVD. GREENVILLE, SC 29615

DOCUMENT# P38993

### **Current Mailing Address:**

2000 WADE HAMPTON BOULEVARD COMPLIANCE DEPARTMENT GREENVILLE, SC 29615 US

## FEI Number: 57-0935614

#### 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

#### **Officer/Director Detail :**

Officer/Director Detail :				
Title	PRESIDENT	Title	SECRETARY	
Name	MURAI, KEVIN M.	Name	LEUNG, SIMON Y	
Address	44201 NOBEL DRIVE	Address	44201 NOBEL DRIVE	
City-State-Zip:	FREMONT CA 94538	City-State-Zip:	FREMONT CA 94538	
Title	TREASURER	Title	DIRECTOR	
Name	VAISHNAV, MAYANK B	Name	MURAI, KEVIN M.	
Address	44201 NOBEL DRIVE	Address	44201 NOBEL DRIVE	
City-State-Zip:	FREMONT CA 94538	City-State-Zip:	FREMONT CA 94538	
Title	DIRECTOR	Title	CFO	
Title Name	DIRECTOR LEUNG, SIMON Y	Title Name	CFO WITT, MARSHALL W.	
Name	LEUNG, SIMON Y	Name	WITT, MARSHALL W. 44201 NOBEL DRIVE	
Name Address	LEUNG, SIMON Y 44201 NOBEL DRIVE	Name Address	WITT, MARSHALL W. 44201 NOBEL DRIVE	
Name Address City-State-Zip:	LEUNG, SIMON Y 44201 NOBEL DRIVE FREMONT CA 94538	Name Address City-State-Zip:	WITT, MARSHALL W. 44201 NOBEL DRIVE FREMONT CA 94538	
Name Address City-State-Zip: Title	LEUNG, SIMON Y 44201 NOBEL DRIVE FREMONT CA 94538 COO	Name Address City-State-Zip: Title	WITT, MARSHALL W. 44201 NOBEL DRIVE FREMONT CA 94538 VP, GLOBAL CONTROLLER	
Name Address City-State-Zip: Title Name	LEUNG, SIMON Y 44201 NOBEL DRIVE FREMONT CA 94538 COO POLK, DENNIS J.	Name Address City-State-Zip: Title Name	WITT, MARSHALL W. 44201 NOBEL DRIVE FREMONT CA 94538 VP, GLOBAL CONTROLLER SURYADEVARA, SHANTHILATA 44201 NOBEL DRIVE	

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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

01/16/2018

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 16, 2018 Secretary of State CC3032901507

Certificate of Status Desired: No

Date

#### **Officer/Director Detail Continued :**

Title	SVP
Name	FEDOR, MARCUS R
Address	2000 WADE HAMPTON BLVD.
City-State-Zip:	GREENVILLE SC 29615