


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90064 049 ***150.00

DOCUMENT # 805321

1. Entity Name
PITNEY BOWES INC.



Principal Place of Business
**WORLD HEADQUARTERS
 % CORPORATE TAX DEPT.
 STAMFORD, CT 06926-7700**

Mailing Address
**WORLD HEADQUARTERS
 % CORPORATE TAX DEPT.
 STAMFORD, CT 06926-7700**

24007352



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01062004 Chg-P CR2E034 (10/03)

City & State
 City & State

Zip Country Zip Country

4. FEI Number
06-0495050

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PCFO	<input type="checkbox"/> Delete
NAME	CRITELLI, MICHAEL J	
STREET ADDRESS	39 SHIELDS ROAD	
CITY-ST-ZIP	DARIEN, CT 06820	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TORSONE, JOHNNA G.	
STREET ADDRESS	47 OVERLOOK AVE.	
CITY-ST-ZIP	EASTCHESTER, NY	
TITLE	VPE	<input type="checkbox"/> Delete
NAME	ARLEN F HENOCK	
STREET ADDRESS	44 TALMADGE LANE	
CITY-ST-ZIP	STAMFORD, CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALVARADO, LINDA G	
STREET ADDRESS	1266 SANTA FE DRIVE	
CITY-ST-ZIP	DENVER, CO 80204	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, COLIN G	
STREET ADDRESS	485 EAST NICHOLSON ST	
CITY-ST-ZIP	WILLIAMSBURG, VA 23185	
TITLE	D	<input type="checkbox"/> Delete
NAME	EINHORN, JESSICA P	
STREET ADDRESS	2861 BRANDYWINE ST NW	
CITY-ST-ZIP	WASHINGTON, DC 200082164	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ARLEN F. HENOCK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE-PRESIDENT (203) 351-7652
Date Daytime Phone #

1/26/04