

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005525

FILED
Mar 20, 2009
Secretary of State

Entity Name: BROADRIDGE OUTPUT SOLUTIONS, INC.

Current Principal Place of Business:

2 JOURNAL SQUARE
ATT: TAX DEPT
JERSEY CITY, NJ 07306

New Principal Place of Business:

Current Mailing Address:

2 JOURNAL SQUARE
ATT: TAX DEPT
JERSEY CITY, NJ 07306

New Mailing Address:

FEI Number: 22-3831708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: AMSTERDAM, ADAM D
Address: 2 JOURNAL SQUARE
City-St-Zip: JERSEY CITY, NJ 07306

Title: VCD () Delete
Name: SHELDON, DAN
Address: 2 JOURNAL SQUARE
City-St-Zip: JERSEY CITY, NJ 07306

Title: VPT () Delete
Name: RODICK, RICHARD
Address: 2 JOURNAL SQUARE
City-St-Zip: JERSEY CITY, NJ 07306

Title: AS () Delete
Name: LISA, DAVID
Address: 2 JOURNAL SQUARE
City-St-Zip: JERSEY CITY, NJ 07306

Title: AS () Delete
Name: SHARMA, SHALINI
Address: 2 JOURNAL SQUARE
City-St-Zip: JERSEY CITY, NJ 07306

Title: AS () Delete
Name: SPATHAKIS, ANDREW
Address: 2 JOURNAL SQUARE
City-St-Zip: JERSEY CITY, NJ 07306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: AMSTERDAM, ADAM D
Address: 2 JOURNAL SQUARE
City-St-Zip: JERSEY CITY, NJ 07306

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANDREW SPATHAKIS

AS

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date