

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805321

Entity Name: PITNEY BOWES INC.

Current Principal Place of Business:

3001 SUMMER STREET
STAMFORD, CT 06926-0700

Current Mailing Address:

3001 SUMMER STREET
STAMFORD, CT 06926-0700 US

FEI Number: 06-0495050

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 TREASURER
Name KUPFERSCHMID, GEOFF
Address 3001 SUMMER STREET
City-State-Zip: STAMFORD CT 06926-0700

Title SECRETARY
Name FREEMAN-BOSWORTH, LAUREN
Address 3001 SUMMER STREET
City-State-Zip: STAMFORD CT 06926-0700

Title DIRECTOR
Name STAMPS, SHEILA A.
Address 3001 SUMMER STREET
City-State-Zip: STAMFORD CT 06926

Title DIRECTOR
Name STEELE GUILFOILE, MARY J.
Address 3001 SUMMER STREET
City-State-Zip: STAMFORD CT 06926-0700

Title PRESIDENT
Name PFEIFFER, DEBORAH D.
Address 10110 I STREET
City-State-Zip: OMAHA NE 68127

Title DIRECTOR
Name EVERETT, TODD
Address 3001 SUMMER STREET
City-State-Zip: STAMFORD CT 06926-0700

Title DIRECTOR
Name WOLF, KURT
Address 3001 SUMMER STREET
City-State-Zip: STAMFORD CT 06926-0700

Title DIRECTOR
Name MAY, KATIE
Address 3001 SUMMER STREET
City-State-Zip: STAMFORD CT 06926-0700

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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: ROBERTA MITTLEMAN

AUTHORIZED SIGNATOR 04/15/2024

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ALBERTI-PEREZ, MILENA
Address 3001 SUMMER STREET
City-State-Zip: STAMFORD CT 06926-0700

Title DIRECTOR
Name BRILL, STEVEN D.
Address 3001 SUMMER STREET
City-State-Zip: STAMFORD CT 06926-0700

Title DIRECTOR
Name THOMAS, DARRELL
Address 3001 SUMMER STREET
City-State-Zip: STAMFORD CT 06926-0700

Title AUTHORIZED SIGNATORY
Name MITTLEMAN, ROBERTA
Address 27 WATERVIEW DRIVE
City-State-Zip: SHELTON CT 06484