## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 805321** 

Entity Name: PITNEY BOWES INC.

FILED Mar 27, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
WORLD HEADQUARTERS % CORPORATE TAX DEPT. STAMFORD, CT 069267700				WORLD HEADQUARTERS, 1 ELMCROFT RD. % CORPORATE TAX DEPT. STAMFORD, CT 069267700				
Current Mailing Address:				New Mailing Address:				
WORLD HEADQUARTERS % CORPORATE TAX DEPT. STAMFORD, CT 069267700			(	WORLD HEADQUARTERS, 1 ELMCROFT RD % CORPORATE TAX DEPT. STAMFORD, CT 069267700				
FEI Number: 06-0495050 FEI Number Applied For ( ) FEI Num			El Numl	nber Not Applicable ( ) Certificate of Status Desired ( )				
Name and Address of Current Registered Agent: N					Name and Address of New Registered Agent:			
CT CORPORATION SYSTEM 1200 S. 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	
Election Carr	paign Financing	Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CRITELLI, MICHA ONE ELMCROFT STAMFORD, CT	RD 06926	 	Title: Name: Address: City-St-Zip:	MARTIN, MUF ONE ELMCRO STAMFORD,	OFT RD CT 06926		
Title: Name: Address: City-St-Zip:	VP () [ TORSONE, JOHN ONE ELMCROFT STAMFORD, CT	RD	1	Title: Name: Address: City-St-Zip:	(	( ) Change(	) Addition	
Title: Name: Address: City-St-Zip:	EVP () [ NOLOP, BRUCE ONE ELMCROFT STAMFORD, CT	RD	1	Title: Name: Address: City-St-Zip:	EVP ( MONAHAN, M ONE ELMCRO STAMFORD,	OFT RD	) Addition	
Title: Name: Address: City-St-Zip:	D () D ALVARADO, LINI ONE ELMCROFT STAMFORD, CT	RD	1	Title: Name: Address: City-St-Zip:	(	()Change(	) Addition	
Title: Name: Address: City-St-Zip:	D ()EBUSQUET, ANNEONE ELM CROFSTAMFORD, CT	T RD	1	Title: Name: Address: City-St-Zip:	(	)Change(	) Addition	
Title: Name: Address: City-St-Zip:	D ()ERICHS, ANNE SONE ELMCROFT		1	Title: Name: Address: City-St-Zip:	VP ( BARRET, JOH ONE ELMCRO STAMFORD,	OFT RD	) Addition	

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: BARRET S. JOHNSON VP 03/27/2009