

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812869

FILED
Feb 21, 2007
Secretary of State

Entity Name: XEROX CORPORATION

Current Principal Place of Business:

800 LONG RIDGE ROAD
STAMFORD, CT 06904

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1600
STAMFORD, CT 069041600

New Mailing Address:

FEI Number: 16-0468020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
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: CCEO () Delete
Name: ANNIE, MULCAHY
Address: 800 LONG RIDGE RD
City-St-Zip: STAMFORD, CT 069041600

Title: VPT () Delete
Name: ZIMMERMAN, LAWRENCE
Address: 83 HASTINGS LANE
City-St-Zip: STAMFORD, CT 06905

Title: V () Delete
Name: OKASAKO, RUSSELL Y
Address: 800 LONG RIDGE RD
City-St-Zip: STAMFORD, CT 069041600

Title: D () Delete
Name: LARSEN, RALPH S
Address: ONE JOHNSON AND JOHNSON PLAZA
City-St-Zip: NEW BRUNSWICK, NJ 08933

Title: D () Delete
Name: PEPPER, JOHN E,
Address: ONE PROCTOR AND GAMBLE PLAZA
City-St-Zip: CINCINNATI, OH 45202

Title: VP () Delete
Name: FANNING, KATHLEEN S
Address: WORLWIDE TAX 800 LONG RIDGE RD.
City-St-Zip: STAMFORD, CT 06904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPT (X) Change () Addition
Name: SEEGAL, RHONDA L
Address: 800 LONG RIDGE RD
City-St-Zip: STAMFORD, CT 069041600

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

Title: D (X) Change () Addition
Name: NICHOLAS, N. J JR
Address: SUITE 19F 45W, 67TH ST.
City-St-Zip: NEW YORK, NY 10023

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHLEEN S. FANNING

VP

02/21/2007

Electronic Signature of Signing Officer or Director

Date