

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812869

FILED
Mar 10, 2010
Secretary of State

Entity Name: XEROX CORPORATION

Current Principal Place of Business:

45 GLOVER AVENUE
NORWALK, CT 068564505

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4505
NORWALK, CT 068564505

New Mailing Address:

45 GLOVER AVENUE
P.O. BOX 4505
NORWALK, CT 068564505

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
Name: URSULA, BURNS M
Address: 45 GLOVER AVENUE
City-St-Zip: NORWALK, CT 06856

Title: CFO
Name: ZIMMERMAN, LAWRENCE
Address: 45 GLOVER AVENUE
City-St-Zip: NORWALK, CT 06856

Title: VPT
Name: SEEGAL, RHONDA L
Address: 45 GLOVER AVENUE
City-St-Zip: NORWALK, CT 06856

Title: D
Name: MULCAHY, ANNE M
Address: 45 GLOVER AVEN
City-St-Zip: NORWALK, CT 06856

Title: D
Name: NICHOLAS, N. J JR
Address: 88 CENTRAL PARK WEST
City-St-Zip: NEW YORK, NY 10023

Title: VP
Name: FANNING, KATHLEEN S
Address: WORLWIDE TAX 45 GLOVER AVENUE
City-St-Zip: NORWALK, CT 06856

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: KATHLEEN S. FANNING

VP

03/10/2010

Electronic Signature of Signing Officer or Director

Date