

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # 837238

1. Entity Name
PITNEY BOWES CREDIT CORPORATION



Principal Place of Business
**27 WATERVIEW DR
SHELTON, CT 06484-4361 US**

Mailing Address
**27 WATERVIEW DR
SHELTON, CT 06484-4361**



03202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-0946476

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MURRAY, MARTIN
40 HULL PLACE
RIDGEFIELD, CT 06877**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSD
WILLIAMSON, KEITH H
100 BROOKDALE RD
STAMFORD, CT**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
OSMANSKI, LAWRENCE
6 STONE OAK DR
NEW MILFORD, CT 06776**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
HUGHES, CHRISTIAN
465 LOST DISTRICT DR
NEW CANAAN, CT 06840**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
ALMEDIA, MARIE ELENA
27 WATERVIEW DR
SHELTON, CT 06484**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000504835
04/26/06-80091-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marie Elena Almedia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 29 2006

Date

Daytime Phone #