

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 837238

**1. Entity Name
PITNEY BOWES CREDIT CORPORATION**



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

**Mailing Address
1 ELMCROFT ROAD
MSC 42-02
STAMFORD CT 06926-0700**

**FILED
Apr 28, 2003 8:00 am
Secretary of State**

04-28-2003 91295 019 ***150.00



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KISSNER, MATTHEW S.
STREET ADDRESS 9 HUNTINGTON AVENUE
CITY-ST-ZIP SCARSDALE NY

☐ Delete

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

☐ Delete

TITLE VP
NAME KLEINMANN, DAVID
STREET ADDRESS 603 GALLOPING HILL RD
CITY-ST-ZIP FAIRFIELD CT 06430

☐ Delete

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 24 2003

CR2E034 (10/02)