

F01000003661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

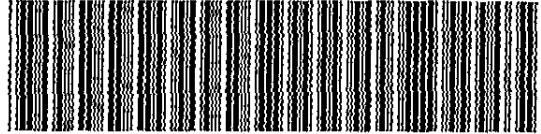
(Business Entity Name)

(Document Number)

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NewCo Corporate Services, Inc.

875 Avenue of the Americas
Suite 501
New York, New York 10001

Telephone: (212) 220-3970

Internet Address: mgarcia350@aol.com

Fax: (212) 220-3929

June 4, 2003

Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: IMAGISTICS INTERNATIONAL INC.
Change of Agent -

Dear Sir/Madam:

Enclosed please find Certificate of Change of Location of Registered Office and of Registered Agent on behalf of the above entity, together with a check for \$35.⁰⁰/~~00~~

Please file the attached and return a filed-stamped copy to the attention of the undersigned at the above address.

If there are any problems, please contact the undersigned immediately at the following toll-free number 1-888-336-3926.

Thanking you in advance for your prompt attention to this matter.

Sincerely,



Maria E. Garcia
Senior Specialist

Encls.

014-03-CHANGE OF AGENT

CHECK # 17139 Amount \$ 35.⁰⁰/~~00~~

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Imagistics International Inc.
- 2. The principal office address: 100 Oakview Drive
Trumbull, CT 06611
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 07/11/2001 Document number: F01000003661

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.
526 E. Park Avenue
(P.O. Box or personal mailbox NOT acceptable)
Tallahassee, FL 32301

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Mark Flynn- Vice President
(Signature of an officer, chairman or vice chairman of the board) (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 6-4-03
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:
 By: Geraldine Miranda Asst. Secretary
(Typed or Printed Name) (Capacity)

NRAI Services, Inc. ***** FILING FEE: \$35.00 *****