

FOI 0000004698

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Pitney Bowes Insurance Agency, Inc.

700004571267--9
-09/05/01--01068-021
*****70.00 *****70.00

700004571267--9
-09/05/01--01068-022
*****8.75 *****8.75

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input checked="" type="checkbox"/> Certified Copy | | |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

9/5/01

Order#: 4760194

Ref#: _____

Amount: \$ _____

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
2001 SEP -5 PM 2:18
NOT RETURNED
TO AGENCY OF FILING

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Pitney Bowes Insurance Agency, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Connecticut 3. 06-1401934
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/22/94 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qual.
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 27 Waterview Drive, SHelton, CT 06484
(Current mailing address)

8. Possible insurance transaction-
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

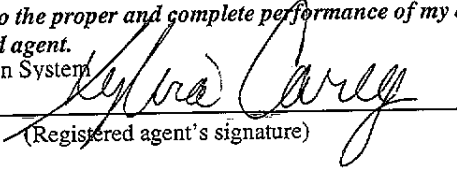
Plantation, Florida, 33324
(Zip code)

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TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.

C T Corporation System


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: PLEASE SEE ATTACHED

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: PLEASE SEE ATTACHED

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Ellie Vahid
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Ellie Vahid, Vice President and Secretary
(Typed or printed name and capacity of person signing application)

PITNEY BOWES INSURANCE AGENCY, INC.

OFFICERS

Christian D. Hughes
President
27 Waterview Drive
Shelton, CT 06484

Ellie Vahid
Vice President and Secretary
27 Waterview Drive
Shelton, CT 06484

Michelle C. Seideman
Vice President and Assistant Secretary
27 Waterview Drive
Shelton, CT 06484

Dessa M. Bokides
Treasurer
27 Waterview Drive
Shelton, CT 06484

Michael Costello
Controller
27 Waterview Drive
Shelton, CT 06484

Thomas Sullivan
Assistant Secretary
27 Waterview Drive
Shelton, CT 06484

Stephen D. Wayne
Assistant Secretary
27 Waterview Drive
Shelton, CT 06484

DIRECTORS

Matthew S. Kissner
One Elmcroft Road
Stamford, CT 06926

Keith H. Williamson
27 Waterview Drive
Shelton, CT 06484

Arlen F. Henock
One Elmcroft Road
Stamford, CT 06926

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State,
and keeper of the seal thereof, DO HEREBY CERTIFY, that

PITNEY BOWES INSURANCE AGENCY, INC.

a STOCK corporation under the Connecticut General Statutes was filed
in this office on July 22, 1994.

Insofar as the records of this office reveal, the corporation is in
existence.



Secretary of the State

Date Issued: August 31, 2001

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TALLAHASSEE, FLORIDA