2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90341 014 ***150.00

Principal Place of Business	DOCUMENT # F0100004698 1. Entity Name PITNEY BOWES INSURANCE AGENCY, INC.							05-01-2006	90341 0	14 ***15	0.00
Suite, Apt. #, etc. A. FEI Number Mof-1401934 Mof-Applicable For Mof-1401934 Mof-Applicable For Mof-1401934 Mof-Applicable For Mof-Applicable Mof-Applicabl	27 WATERVIEW DRIVE 2		27 WATERVIEW DRIVE					1 88 191 88 191 8 18		11 40) 11 114)	
City & State Country Country Country S. Country S	2. Principal P	lace of Business	J. Mailing Address								
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City FL Zip Code City City FL Zip Code City City FL Zip Code City	City & Stat	е	City & State				934		_ 	•	
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Count	try		5. Certificate of	Status Desired			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City FL Zip Code		6. Name and Address of Current Re	egistered Agent				7. Name and A	ddress of New R	egistered A	gent	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature. Signature. FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 ITUE NAME HUGHES, CHRISTIAN D STRETA NORSS CITY-S1-2P SHELTON, CT TILE AS WALCOTT, JOHN STRETA NORSS CITY-S1-2P SHELTON, CT VAS SHELTON, CT SHE	1200 SOUTH PINE ISLAND ROAD					dress (P.	O. Box Number	is Not Acceptable)		······································
Signature Signature Signature Title NOWILL FEE IS \$150.00 Signature view of registered agent and stirol if applicable. (NOTE: Registered Agent signature required when normaturing) DATE					City				FL	Zip Cod	9
After May 1, 2006 Fee will be \$550.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFF			he purpose of changing its r	egistere	ed office or re	egistere	d agent, or both,	in the State of Flo	rida. I am f	amiliar with,	and accept
### After May 1, 2006 Fee will be \$550.00 10.	SIGNATURE	Signature, typed or printed name of registered agent and	I title if applicable. (NOTE:	Registered	d Agent signature	required w	hen reinstating)		DATE		
TITLE NAME PHUGHES, CHRISTIAN D Delete NAME STREET ADDRESS CITY-ST-2P SHELTON, CT STREET ADDRESS CITY-ST-2P SHELTON, CT STREET ADDRESS CITY-ST-2P SHELTON, CT OGA84 TITLE NAME WALCOTT', JOHN STREET ADDRESS CITY-ST-2P STREET AD	FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00			icing	\$5.0 Added	May Be d to Fees			A.B. J. 100 147 147 147	
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indicated on this report of suppremental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that it am an officer 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:	John Webst	John Walcott	- Asst Scar	4/17/06	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIG	Date		Daytime Phone #	