

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F94000000025 (6)**

1. Corporation Name

**PITNEY BOWES MANAGEMENT SERVICES, INC.**



Principal Place of Business: **ONE ELMCROFT ROAD STAMFORD CT 06926-0700**  
Mailing Address: **ONE ELMCROFT ROAD STAMFORD CT 06926-0700**

2. Principal Place of Business (21-24) and Mailing Address (26-29) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **01/03/1994**  
3a. Date of Last Report: **04/03/1995**  
4. FEI Number: **13-3587073**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Use only if registered with annual fee.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD RUPERT, DAVID J. ONE ELMCROFT ROAD STAMFORD CT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	SD RIGGS, DOUGLAS A ONE ELMCROFT ROAD STAMFORD CT 06926-0700	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D HARVEY, GEORGE B ONE ELMCROFT ROAD STAMFORD CT 06926-0700	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D ST. MARK, CAROLE F ONE ELMCROFT ROAD STAMFORD CT 06926-0700	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	VT ALBERTI, GILBERT B ONE ELMCROFT ROAD STAMFORD CT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	AT HENOCK, ARLEN F. ONE ELMCROFT RD STAMFORD CT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **3/2/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

F.94000000025

PITNEY BOWES MANAGEMENT SERVICES INC.  
OFFICERS & DIRECTORS

Terms of Office 5/95-96

<u>NAME</u>	<u>TITLE</u>	<u>SOC. SEC. #</u>	<u>ADDRESS</u>
Carole F. St. Mark	Chairman	132-32-4856	99 Sterling Lake Stamford, CT 06905
David J. Rupert	President	081-38-5890	2 Rustic Ln. Westport, CT 06880
Gilbert B. Alberti	V.P.-Finance & Treasurer	508-60-4436	44 Old Kings Hwy. Wilton, CT 06897
Douglas A. Riggs	Secretary	519-54-3616	18 Weir Farms Rd. Ridgefield, CT 06877
Rosalind Z. Wiggins	Assistant Secretary	157-56-2067	396 Strawberry Hill Ave. Stamford, CT 06902
Arlen F. Henock	Assistant Treas.	075-46-8919	44 Talmadge Ln. Stamford, CT 06905

DIRECTORS

Carole F. St. Mark		99 Sterling Lake Ln. Stamford, CT 06905
Douglas A. Riggs		18 Weir Farms Rd. Ridgefield, CT 06877
David J. Rupert		2 Rustic Ln. Westport, CT 06880
George B. Harvey	578-42-1211	663 Ponus Ridge Rd. New Canaan, CT 06840

Business Address:

Pitney Bowes Management Services, Inc.  
One Elmcroft Rd.  
Stamford, CT 06926-0700