


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90158 028 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F94000000025**  
 1. Corporation Name  
**PITNEY BOWES MANAGEMENT SERVICES, INC.**

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

Mailing Address  
**ONE ELMCROFT RD. MSC6101  
 STAMFORD CT 06926-0700**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

3. Date Incorporated or Qualified  
**01/03/1994**

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 owes the current year Intangible Personal Property Tax.  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 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

14. 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** Arlen F. Henock 4/2/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)

F9400000025

**PITNEY BOWES MANAGEMENT SERVICES, INC.**  
**OFFICERS & DIRECTORS**

389803-90158-28

Terms of Office 5/97-5/98

<u>NAME</u>	<u>TITLE</u>	<u>SOC. SEC. #</u>	<u>ADDRESS</u>
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 Treasurer	075-46-8919	44 Talmadge Ln. Stamford, CT 06905

**DIRECTORS**

Marc C. Breslawsky	51 Eleven O'Clock Rd. Weston, CT 06883
Douglas A. Riggs	18 Weir Farms Rd. Ridgefield, CT 06877
David J. Rupert	2 Rustic Ln. Westport, CT 06880

**Business Address:**

Pitney Bowes Management Services, Inc.  
23 Barry Pl.  
Stamford, CT 06926-0710