

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90101 012 ***150.00

DOCUMENT # F94000000025

1. Entity Name

PITNEY BOWES MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

**ONE ELMCROFT ROAD
 STAMFORD CT 06926-0700**

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

10001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3587073

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PD**
 NAME: **RUPERT, DAVID J**
 STREET ADDRESS: **ONE ELMCROFT ROAD**
 CITY-ST-ZIP: **STAMFORD CT 06926-0700**
 Delete

TITLE: **PRESIDENT - DIRECTOR**
 NAME: **KAREN GARRISON**
 STREET ADDRESS: **ONE ELMCROFT ROAD**
 CITY-ST-ZIP: **STAMFORD, CT 06926-0700**
 Change Addition

TITLE: **SD**
 NAME: **RIGGS, DOUGLAS A**
 STREET ADDRESS: **ONE ELMCROFT ROAD**
 CITY-ST-ZIP: **STAMFORD CT 06926-0700**
 Delete

TITLE: **SECRETARY - DIRECTOR**
 NAME: **KEVIN CONNOLLY**
 STREET ADDRESS: **ONE ELMCROFT ROAD**
 CITY-ST-ZIP: **STAMFORD, CT 06926-0700**
 Change Addition

TITLE: **AS**
 NAME: **WIGGINS, ROZALIND Z**
 STREET ADDRESS: **ONE ELMCROFT ROAD**
 CITY-ST-ZIP: **STAMFORD CT 06926-0700**
 Delete

TITLE: **ASSISTANT SECRETARY**
 NAME: **PATRICIA M. JOHNSON**
 STREET ADDRESS: **ONE ELMCROFT RD**
 CITY-ST-ZIP: **STAMFORD, CT 06926-0700**
 Change Addition

TITLE: **D**
 NAME: **BRESLAWSKY, MARC C**
 STREET ADDRESS: **ONE ELMCROFT ROAD**
 CITY-ST-ZIP: **STAMFORD CT 06926-0700**
 Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: **T**
 NAME: **ALBERTI, GILBERT B**
 STREET ADDRESS: **ONE ELMCROFT ROAD**
 CITY-ST-ZIP: **STAMFORD CT 06926-0700**
 Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: **AT**
 NAME: **HENOCK, ARLEN F**
 STREET ADDRESS: **ONE ELMCROFT ROAD**
 CITY-ST-ZIP: **STAMFORD CT 06926-0700**
 Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with another line empowered.

SIGNATURE:

ARLEN F. HENOCK

8/9/00

(203) 351-7652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST. TREASURER

Date

Daytime phone #