

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90078 036 ***150.00

DOCUMENT # F94000000025

1. Entity Name
PITNEY BOWES MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address
ONE ELMCROFT ROAD ONE ELMCROFT RD. MSC6101
STAMFORD CT 06926-0700 STAMFORD CT 06926-0700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		13-3587073		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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	

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARRISON, KAREN			NAME			
STREET ADDRESS	ONE ELMCROFT ROAD			STREET ADDRESS			
CITY-ST-ZIP	STAMFORD CT 06926-0700			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONNOLLY, KEVIN			NAME			
STREET ADDRESS	ONE ELMCROFT ROAD			STREET ADDRESS			
CITY-ST-ZIP	STAMFORD CT 06926-0700			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, PATRICIA			NAME			
STREET ADDRESS	ONE ELMCROFT ROAD			STREET ADDRESS			
CITY-ST-ZIP	STAMFORD CT 06926-0700			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRESLAWSKY, MARC C			NAME			
STREET ADDRESS	ONE ELMCROFT ROAD			STREET ADDRESS			
CITY-ST-ZIP	STAMFORD CT 06926-0700			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALBERTI, GILBERT B			NAME	CYNTHIA SCHMITT		
STREET ADDRESS	ONE ELMCROFT ROAD			STREET ADDRESS	ONE ELMCROFT RD		
CITY-ST-ZIP	STAMFORD CT 06926-0700			CITY-ST-ZIP	STAMFORD, CT 06926-0700		
TITLE	AT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENOCK, ARLEN F			NAME			
STREET ADDRESS	ONE ELMCROFT ROAD			STREET ADDRESS			
CITY-ST-ZIP	STAMFORD CT 06926-0700			CITY-ST-ZIP			

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 all other like empowered.

SIGNATURE: ARLEN F. HENOCK 2/13/02 (203) 351-7652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment Document #
F94000000025
744/65

PITNEY BOWES MANAGEMENT SERVICES, INC.
OFFICERS & DIRECTORS

Terms of Office 5/01-5/02

<u>NAME</u>	<u>TITLE</u>	<u>SOC. SEC. #</u>	<u>ADDRESS</u>
Karen Garrison	President	231-66-3280	100 Deerfield Drive Easton, CT 06612
Cynthia J. Schmitt	V.P.-Finance and Administration & Treasurer	045-44-0615	236 Sherwood Farm Road Fairfield, CT 06430
Kevin Connolly	Secretary	043-42-5958	145 Partrick Ave. Norwalk, CT 06851
Patricia M. Johnson	Assistant Secretary	043-46-8727	97 Tudor Ridge. Stratford, CT 06614
Arlen F. Henock	Assistant Treasurer	075-46-8919	44 Talmadge Ln. Stamford, CT 06905

DIRECTORS

Karen Garrison

Kevin Connolly

Arlen F. Henock

Business Address:
Pitney Bowes Management Services, Inc.
C/O Pitney Bowes Inc.
World Headquarters, One Elmcroft Road
Stamford, CT 06926-0700