


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F94000000025 1. Entity Name PITNEY BOWES MANAGEMENT SERVICES, INC.	
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Principal Place of Business ONE ELMCROFT ROAD STAMFORD, CT 06926-0700	Mailing Address ONE ELMCROFT RD, MSC6101 STAMFORD, CT 06926-0700
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3587073	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

100000099298  
 03/30/04-80008-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARRISON, KAREN ONE ELMCROFT ROAD STAMFORD, CT 069260700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONNOLLY, KEVIN ONE ELMCROFT ROAD STAMFORD, CT 069260700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JOHNSON, PATRICIA ONE ELMCROFT ROAD STAMFORD, CT 069260700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHMITT, CYNTHIA ONE ELMCROFT RD STAMFORD, CT 069260700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HENOCK, ARLEN F ONE ELMCROFT ROAD STAMFORD, CT 069260700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other lists empowered.

SIGNATURE: Arlen F. Henock ARLEN F. HENOCK ASST. TREASURER 3/10/04  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #