2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # F9400000025

1. Entity Name
PITNEY BOWES MANAGEMENT SERVICES INC



FILED Feb 03, 2006 8:00 am Secretary of State 02-03-2006 90016 023 ***150.00

PITINET 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		40000	-				
2. Dringing Diago of Duniago									
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01092006	Chg-P	CR2E0	34 (11/05)	
City & State		City & State			4. FEI Numb			- 	plied For
Zip	Country	Zip	Country			of Status Desired		\$8.75 Add	itional
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and	Address of New R			-
A T CORPORATION OVERTON			Name	Name					
1200 SOU	ORATION SYSTEM TH PINE ISLAND ROAD ON, FL: 33324	Street Address			is (P.O. Box Number is Not Acceptable)				
	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						,		
			City				FL	Zip Code	e
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.								and accept	
SIGNATURE									
Signature, typed or printed name of registered agent and title if appticable. (NOTE: Registered Agent signature required when refinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5 . Add	.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORN, AMY C 8 COLONIAL COURT NEW CANAAN, CT 06940	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONE	CENT DE ELMCE MFORD,		0700	☐ Change	X Addition
TITLE	AS	☐ Delete	TITLE	1	a other	· ,,	-	☐ Change	Addition
name Street address	JOHNSON, PATRICIA ONE ELMCROFT ROAD		name Street address						
CITY-ST-ZIP	STAMFORD, CT 069260700		CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHMITT, CYNTHIA ONE ELEMCROFT RD STAMFORD, CT 069260700	⊠ Oefete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONE	EN SHAN ELM CROP	FRD F 06926-07	īœ	☐ Change	⊠ Addition
TITLE	AT	⊠ Delete	TITLE					Change	Addition
NAME Street address	HENOCK, ARLEN F ONE ELMCROFT ROAD		NAME CORET ADDRESS						
CITY-ST-ZIP	STAMFORD, CT 069260700		STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	ONE	er panzai e elmcr	oft ed	. 7	Change	Addition
CITY+\$T+ZIP			CITY-ST-ZIP	1	tmford,	CT 06926-1	100		
TITLE NAME		☐ Delete	TITLE NAME	BRL	ICE P. N	NLOP		☐ Change	Addition
STREET ADDRESS			STREET ADDRESS		ELMCE				
CITY-ST-ZIP			CITY-ST-ZIP			CT 06926-0	700		
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 local effect on if made under onthe that here are discovered and that my signature shall have the same local effect on if made under onthe that here are discovered and that my signature shall have the same local effect on if made under onthe that here are discovered and the same local effect on its made under onthe the same local effect on its made under onthe the same local effect on its made under onthe the same local effect on its made under onthe the same local effect on its made under onthe the same local effect on its made under onthe the same local effect on its made under onthe the same local effect on the									

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 attachmen with an address, with all other like empowered.

SIGNATURE:



PITNEY BOWES MANAGEMENT SERVICES, INC. OFFICERS & DIRECTORS

Terms of Office through 5/2006

NAME

TITLE

Vincent De Palma

President

Helen Shan

Vice President and Treasurer

Peter Panzarella

Vice President, Finance &

Administration and Asst. Treasurer

Amy C. Corn

Secretary

Patricia M. Johnson

Assistant Secretary

DIRECTORS

Helen Shan Steven J. Green Bruce P. Nolop

Business Address:

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

09/05 rev.