

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000025

FILED
Jan 04, 2010
Secretary of State

Entity Name: PITNEY BOWES MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

ONE ELMCROFT ROAD
STAMFORD, CT 069260700

New Principal Place of Business:

Current Mailing Address:

ONE ELMCROFT RD. MSC 6101
STAMFORD, CT 069260700

New Mailing Address:

FEI Number: 13-3587073 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: DOBSON, DAVID C
Address: ONE ELMCROFT RD
City-St-Zip: STAMFORD, CT 069260700

Title: S
Name: CORN, AMY C
Address: ONE ELMCROFT ROAD
City-St-Zip: STAMFORD, CT 069260700

Title: VPT
Name: HELEN, SHAN
Address: ONE ELMCROFT RD
City-St-Zip: STAMFORD, CT 069260700

Title: VP
Name: DAVID, ADAM
Address: ONE ELM CROFT RD
City-St-Zip: STAMFORD, CT 069260700

Title: VP
Name: JOHNSON, BARRET
Address: ONE ELMCROFT RD
City-St-Zip: STAMFORD, CT 069260700

Title: D
Name: MONAHAN, MICHAEL
Address: ONE ELMCROFT RD
City-St-Zip: STAMFORD, CT 069260700

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARRET S. JOHNSON

VP

01/04/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date