

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90006 029 ***550.00

DOCUMENT # F97000000093

1. Entity Name
XEROX CONNECT, INC.

Principal Place of Business 411 EAGLEVIEW BLVD EXTON PA 19341	Mailing Address 411 EAGLEVIEW BLVD EXTON PA 19341-1117
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2844307	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. <input type="checkbox"/> (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. <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 NAME WALLACE, TIMOTHY STREET ADDRESS 411 EAGLEVIEW BLVD CITY-ST-ZIP EXTON PA 19341	<input checked="" type="checkbox"/> Delete	TITLE NAME Steve Tait STREET ADDRESS 100 Clinton Ave. CITY-ST-ZIP Rochester NY 14644	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME COUTURE, ROBERT J STREET ADDRESS 411 EAGLEVIEW BLVD CITY-ST-ZIP EXTON PA 19341	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME SELZNICK, LINDA STREET ADDRESS 411 EAGLEVIEW BLVD CITY-ST-ZIP EXTON PA 19341	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME BLAIN, JEFFREY STREET ADDRESS 411 EAGLEVIEW BLVD. CITY-ST-ZIP EXTON PA 19341	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME WAGNER, MARTIN STREET ADDRESS 411 EAGLEVIEW BLVD. CITY-ST-ZIP EXTON PA 19341	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME Charles Gilliam STREET ADDRESS 800 Long Ridge Road CITY-ST-ZIP Stamford CT 06904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: [Signature] 5/12/00 (203) 968-3457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2:E034 (9/99)