

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90181 009 \*\*\*150.00

**DOCUMENT # F99000001947**

1. Entity Name  
**GROUP 1 SOFTWARE, INC.**



Principal Place of Business  
**ONE ELMCROFT RD  
MSC 6101  
STAMFORD, CT 06926-0700**

Mailing Address  
**ONE ELMCROFT RD  
MSC 6101  
STAMFORD, CT 06926-0700**

**40002018**



01042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**52-0852578**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SHAN, HELEN ONE ELMCROFT DR STAMFORD, CT 069260700	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOWEN, ROBERT S 4200 PARLIAMENT PLACE STE 600 LANHAM, MD 207061882	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HENOCK, ARLEN F ONE ELMCROFT RD STAMFORD, CT 069260700	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORN, AMY C ONE ELMCROFT RD STAMFORD, CT 069260700	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JOHNSON, PATRICIA M ONE ELMCROFT RD STAMFORD, CT 069260700	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABLKARAM, LESLIE ONE ELMCROFT RD STAMFORD, CT 069260700	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHRISTOPHER A. BAKER 4200 PARLIAMENT PL. STE 600 LANHAM, MD 20706-1882	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARRET S. JOHNSON ONE ELMCROFT RD STAMFORD, CT 06926-0700	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABI-KARAM, LESLIE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BARRET S. JOHNSON**  
**VICE PRESIDENT**

Date: 1/11/07 (203) 361-7652 Daytime Phone #

# ATTACHMENT

40002018

#F99000001947  
GROUP 1 SOFTWARE, INC.

## OFFICERS & DIRECTORS

Terms of Office through 5/2007

<u>NAME</u>	<u>TITLE</u>	
Leslie Abi-Karam	Chief Operating Officer	
Timothy Waggoner	Executive Vice President of Operations & Development, ESP Division	<b><u>Business Address:</u></b> 4200 Parliament Place, Suite 600 Lanham, MD 20706-1860
Christopher A. Baker	President	<b><u>Business Address:</u></b> 4200 Parliament Place, Suite 600 Lanham, MD 20706-1860
Alan Slater	President, doc 1 division	<b><u>Business Address:</u></b> 4200 Parliament Place, Suite 600 Lanham, MD 20706-1860
John C. Renehan	Vice President – Finance	<b><u>Business Address:</u></b> 4200 Parliament Place, Suite 600 Lanham, MD 20706-1860
Barret S. Johnson	Vice President	
Helen Shan	Vice President and Treasurer	
Amy C. Corn	Secretary	
Patricia M. Johnson	Assistant Secretary	

## DIRECTORS

Leslie Abi-Karam,  
Bruce P. Nolop,  
Steven J. Green

## Business Address

Group I Software, Inc.  
c/o Pitney Bowes Inc.  
One Elmcroft Road, MSC 6101  
Stamford, CT 06926-0700

5/8/06