2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# F99000001947

Entity Name: PITNEY BOWES SOFTWARE INC.

Current Principal Place of Business:

ONE ELMCROFT RD
MSC 6101
STAMFORD, CT 069260700

New Principal Place of Business:

Current Mailing Address:

ONE ELMCROFT RD
MSC 6101
STAMFORD, CT 069260700

New Mailing Address:

FEI Number: 52-0852578 **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:	VT	( ) Delete
Name:	SHAN, HELEN	
Address:	ONE ELEMCROFT DR	
City-St-Zip:	STAMFORD, CT 069260700	
Title:	P	( ) Delete
Name:	HICKEY, MICHAEL J	
Address:	1 GLOBAL VIEW	
City-St-Zip:	TROY, NY 12180	
Title:	V	( ) Delete
Name:	JOHNSON, BARRET S	
Address:	ONE ELMCROFT RD	
City-St-Zip:	STAMFORD, CT 069260700	
Title:	S	( ) Delete
Name:	CORN, AMY C	
Address:	ONE ELMCROFT RD	
City-St-Zip:	STAMFORD, CT 069260700	
Title:	AS	( ) Delete
Name:	JOHNSON, PATRICIA M	
Address:	ONE ELMCROFT RD	
City-St-Zip:	STAMFORD, CT 069260700	
Title:	D	( ) Delete
Name:	ABI-KARAM, LESLIE	
Address:	ONE ELMCROFT RD	
City-St-Zip:	STAMFORD, CT 069260700	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MONAHAN, MICHAEL	
Address:	ONE ELMCROFT RD	
City-St-Zip:	STAMFORD, CT 069260700	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARRET S. JOHNSON VP 03/27/2009

Electronic Signature of Signing Officer or Director — Date