

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P30722** (3)
1. Corporation Name
PREFCO V INC.



Principal Place of Business Mailing Address
C/O PITNEY BOWES CREDIT CORPORATION
201 MERRITT SEVEN
NORWALK CT 06856

3. Date Incorporated or Qualified **08/28/1990** 3a. Date of Last Report **03/30/1995**
4. FEI Number **06-1305151** Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, GEORGE B.	1.2 NAME	
STREET ADDRESS	201 MERRITT SEVEN	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORWALK CT	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRITELLI, MICHAEL J.	2.2 NAME	MICHAEL J. CRITELLI
STREET ADDRESS	201 MERRITT SEVEN	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORWALK CT	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADIMANDO, CARMINE F.	3.2 NAME	MATTHEW S. KISSNER
STREET ADDRESS	201 MERRITT SEVEN	3.3 STREET ADDRESS	201 MERRITT SEVEN
CITY-ST-ZIP	NORWALK CT	3.4 CITY-ST-ZIP	NORWALK, CT
TITLE	VPT <input type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAARBJERG, MARY P.	4.2 NAME	MARY P. MAARBJERG
STREET ADDRESS	201 MERRITT SEVEN	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORWALK CT	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, G. KIRK	5.2 NAME	
STREET ADDRESS	201 MERRITT SEVEN	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORWALK CT	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEN, GEORGE J.	6.2 NAME	
STREET ADDRESS	201 MERRITT SEVEN	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORWALK CT	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X** *G. Kirk Hudson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96 **(203) 846-5600**
Date Daytime Phone #

CR2E034 (12/95)