

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001947

Entity Name: PITNEY BOWES SOFTWARE INC.**Current Principal Place of Business:**350 JORDON ROAD
TROY, NY 12180**Current Mailing Address:**27 WATERVIEW DRIVE
SHELTON, CT 06484 US**FEI Number:** 52-0852578**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title TREASURER, DIRECTOR
Name SALCE, DEBBIE D
Address 3001 SUMMER STREET
City-State-Zip: STAMFORD CT 06926

Title PRESIDENT, DIRECTOR
Name GUIDOTTI, ROBERT E
Address 3001 SUMMER STREET
City-State-Zip: STAMFORD CT 06926

Title VICE PRESIDENT
Name JOHNSON, BARRET S
Address 3001 SUMMER STREET
City-State-Zip: STAMFORD CT 06926

Title SECRETARY
Name GOLDSTEIN, DANIEL J
Address 3001 SUMMER STREET
City-State-Zip: STAMFORD CT 06926

Title DIRECTOR
Name SUTULA III, STANLEY J
Address 3001 SUMMER STREET
City-State-Zip: STAMFORD CT 06926

Title COO
Name VAN DEN HEUVEL, GREG E
Address 3001 SUMMER STREET
City-State-Zip: STAMFORD CT 06926

Title ASST. SECRETARY
Name FREEMAN-BOSWORTH, LAUREN
Address 3001 SUMMER STREET
City-State-Zip: STAMFORD CT 06926

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

VICE PRESIDENT

04/05/2018

Electronic Signature of Signing Officer/Director Detail_____
Date