

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 - Filing Fee: \$50.00\* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. 110 No. 159639	2. Exact name of the limited liability company PITNEY BOWES GLOBAL FINANCIAL SERVICES LLC					
3. State of Formation DELAWARE	4. Brief descrip LEASING	tion of the character of the	iness which is actually conducted in Rhode Island			
5. Principal office address 1 ELMCROFT ROAD			City STAMFORD	State CT	<i>z</i> <sub>Ψ</sub> 06926-0700	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND Contact Name MICHAEL J. JOHNSTON			NAME OR TITLE OF CONTACT PERSON:  Contact Title  ASST. DIRECTOR, STATE & LOCAL TAXES			
Street Address 1 ELMCROFT ROAD			City STAMFORD	State CT	$\frac{Z\psi}{06926-0700}$	
Manager Name			ED LIABILITY COMPANY, IF AP ING ATTACHMENTS ("X" BOX F Manager Name	LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ATTACHMENTS ("X" BOX FOR ATTACHMENT)   Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT This information is cur		Office of the Secretary	of State. Changes require filing of	Form 642 - R.I.G.L. 7-1	6-11	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

159639

File Date FILED

Check No. SEP 2 9 2008

By: By 1503564

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

BARRET S. JOHNSON VP of Member PBI

Print or Type Name of Authorized Person