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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
314561	PITNEY BOWES SOFTWARE INC.

3. Principal office address	City	State	Zip
27 WATERVIEW DRIVE	SHELTON	CT	06484

4. Business Phone No.	5. State of Incorporation
203.922.6801	DELAWARE

6. Brief description of the character of business conducted in Rhode Island
DEVELOPMENT, MARKETING AND SALE OF SOFTWARE AND SERVICES

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☐

President Name	Vice-President Name
MARK WRIGHT	BARRET S JOHNSON
Street Address: 3001 SUMMER STREET	Street Address: 3001 SUMMER STREET
City: STAMFORD, State: CT, Zip: 06926	City: STAMFORD, State: CT, Zip: 06926
Secretary Name: AMY C CORN	Treasurer Name: DEBBIE D SALCE
Street Address: 3001 SUMMER STREET	Street Address: 3001 SUMMER STREET
City: STAMFORD, State: CT, Zip:	City: STAMFORD, State: CT, Zip: 06926

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☐

Director Name	Director Name
MARK WRIGHT	MICHAEL MONAHAN
Street Address: 3001 SUMMER STREET	Street Address: 3001 SUMMER STREET
City: STAMFORD, State: CT, Zip: 06926	City: STAMFORD, State: CT, Zip: 06926
Director Name: DEBBIE D SALCE	Director Name:
Street Address: 3001 SUMMER STREET	Street Address:
City: STAMFORD, State: CT, Zip: 06926	City: , State: , Zip:

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.
See Section 9 of instruction sheet.

10. SHARES ISSUED (X) BOX FOR ATTACHMENT ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FOR SECRETARY OF STATE USE ONLY

FILED
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BY

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 Representative — 2/23/16 Date

BARRET S JOHNSON, VICE PRESIDENT
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
133309-221114778