

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812869

FILED  
Feb 21, 2007  
Secretary of State

Entity Name: XEROX CORPORATION

**Current Principal Place of Business:**

800 LONG RIDGE ROAD  
STAMFORD, CT 06904

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1600  
STAMFORD, CT 069041600

**New Mailing Address:**

FEI Number: 16-0468020      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES STREET  
SUITE 105  
TALLAHASSEE, FL 32301 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: CCEO ( ) Delete  
Name: ANNIE, MULCAHY  
Address: 800 LONG RIDGE RD  
City-St-Zip: STAMFORD, CT 069041600

Title: VPT ( ) Delete  
Name: ZIMMERMAN, LAWRENCE  
Address: 83 HASTINGS LANE  
City-St-Zip: STAMFORD, CT 06905

Title: V ( ) Delete  
Name: OKASAKO, RUSSELL Y  
Address: 800 LONG RIDGE RD  
City-St-Zip: STAMFORD, CT 069041600

Title: D ( ) Delete  
Name: LARSEN, RALPH S  
Address: ONE JOHNSON AND JOHNSON PLAZA  
City-St-Zip: NEW BRUNSWICK, NJ 08933

Title: D ( ) Delete  
Name: PEPPER, JOHN E,  
Address: ONE PROCTOR AND GAMBLE PLAZA  
City-St-Zip: CINCINNATI, OH 45202

Title: VP ( ) Delete  
Name: FANNING, KATHLEEN S  
Address: WORLWIDE TAX 800 LONG RIDGE RD.  
City-St-Zip: STAMFORD, CT 06904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPT (X) Change ( ) Addition  
Name: SEEGAL, RHONDA L  
Address: 800 LONG RIDGE RD  
City-St-Zip: STAMFORD, CT 069041600

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: NICHOLAS, N. J JR  
Address: SUITE 19F 45W, 67TH ST.  
City-St-Zip: NEW YORK, NY 10023

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHLEEN S. FANNING

VP

02/21/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date