

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812869

FILED
Feb 09, 2009
Secretary of State

Entity Name: XEROX CORPORATION

Current Principal Place of Business:

45 GLOVER AVENUE
NORWALK, CT 068564505

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4505
NORWALK, CT 068564505

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: 45 GLOVER AVENUE
City-St-Zip: NORWALK, CT 06856

Title: CFO () Delete
Name: ZIMMERMAN, LAWRENCE
Address: 45 GLOVER AVENUE
City-St-Zip: NORWALK, CT 06856

Title: VPT () Delete
Name: SEEGAL, RHONDA L
Address: 45 GLOVER AVENUE
City-St-Zip: NORWALK, CT 06856

Title: D () Delete
Name: LARSEN, RALPH S
Address: 100 ALBANY ST, SUITE 200
City-St-Zip: NEW BRUNSWICK, NJ 08901

Title: D () Delete
Name: NICHOLAS, N. J JR
Address: 88 CENTRAL PARK WEST
City-St-Zip: NEW YORK, NY 10023

Title: VP () Delete
Name: FANNING, KATHLEEN S
Address: WORLWIDE TAX 45 GLOVER AVENUE
City-St-Zip: NORWALK, CT 06856

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: P (X) Change () Addition
Name: BURNS, URSULA M
Address: 45 GLOVER AVEN
City-St-Zip: NORWALK, CT 06856

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

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

I hereby certify that the information supplied with this filing does not qualify 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

VPWT

02/09/2009

Electronic Signature of Signing Officer or Director

_____ Date