

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90448 019 \*\*\*150.00

DOCUMENT # **F96000003254** ✓  
1. Entity Name  
**ALYSIS TECHNOLOGIES, INC.** (NC/LW)

**DO NOT WRITE IN THIS SPACE**

|  |  |   |  |
|--|--|---|--|
| 2. Principal Place of Business<br><b>WORLD HEADQUARTERS</b><br>Suite, Apt. #, etc.<br><b>ONE ELMCROFT RD.</b><br>City & State<br><b>STAMFORD, CT</b><br>Zip<br><b>06926-0700</b> Country |  | 3. Mailing Address<br><b>WORLD HEADQUARTERS</b><br>Suite, Apt. #, etc.<br><b>% PBI CORP. TAX DEPT., MSC 6101</b><br>City & State<br><b>STAMFORD, CT</b><br>Zip<br><b>06926-0700</b> Country |  |
|--|--|---|--|

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|   |  |
|---|--|
| 4. FEI Number<br><b>94-3161772</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**C T CORPORATION SYSTEM**  
Street Address (P.O. Box Number is Not Acceptable)  
**1200 S. PINE ISLAND ROAD**  
City  
**PLANTATION** FL Zip Code  
**33324**

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

|   |   |  |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | January 1 - May 1 Fee is <b>\$150.00</b><br>After May 1, Fee is <b>\$550.00</b><br>Amended UBR is <b>\$61.25</b><br>Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                     |   |  |                                   |
|--|---|--|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>KARL H. SCHUMACHER</b><br><b>11 SANDHOPPER TRAIL</b><br><b>WESTPORT, CT. 06880</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP + CFO</b><br><b>BRUCE P. NOLOP</b><br><b>1170 FIFTH AVE.</b><br><b>NEW YORK, NY 10029</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>AMY C. CORN</b><br><b>8 COLONIAL COURT</b><br><b>NEW CANAAN, CT. 06840</b>         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>DESSA M. BOKIDES</b><br><b>380 LAKE AVENUE</b><br><b>GREENWICH, CT. 06830</b>      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS</b><br><b>PATRICIA M. JOHNSON</b><br><b>97 TUDOR RIDGE</b><br><b>STRATFORD, CT. 06614</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AT</b><br><b>ARLEN F. HENOCK</b><br><b>44 TALMADGE LN.</b><br><b>STAMFORD, CT. 06905</b>       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ARLEN F. HENOCK** 4/29/02 (203) 351-7652  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ASST. TREASURER** DoNotch Photo #

CR2E034B (12/01)

*Attachments* # F96000003284 / 658832

**PITNEY BOWES DOCSENSE, INC.**  
**Formerly ALYSIS**

**OFFICERS & DIRECTORS**

Terms of Office 5/2002

| <b><u>NAME</u></b>  | <b><u>TITLE</u></b>                                     | <b><u>SS#:</u></b> | <b><u>ADDRESS</u></b>                           |
|---------------------|---|--------------------|---|
| Brian M. Baxendale  | Chairman  | 049-86-6027        | 421 Governors Lane,<br>Fairfield, CT 06430-2107 |
| Karl H. Schumacher  | President   | 116-40-5483        | 11 Sandhopper Trail,<br>Wesport, CT 06880       |
| Bruce P. Nolop      | Executive Vice President and<br>Chief Financial Officer | 504-56-3986        | 1170 Fifth Avenue,<br>New York, NY 10029        |
| Amy C. Corn         | Secretary   | 086-46-4571        | 8 Colonial Court,<br>New Canaan, CT 06840       |
| Patricia M. Johnson | Assistant Secretary                                     | 043-46-8727        | 97 Tudor Ridge,<br>Stratford, CT 06614          |
| Dessa M. Bokides    | Treasurer   | 518-86-9793        | 380 Lake Avenue,<br>Greenwich, CT 06830         |
| Arlen F. Henock     | Assistant Treasurer                                     | 075-46-8919        | 44 Talmadge Lane,<br>Stamford, CT 06905         |

**DIRECTORS**

Brian M. Baxendale  
Bruce P. Nolop  
Karl H. Schumacher

**Business Address**

c/o Pitney-Bowes Inc.  
World Headquarters  
One Elmcroft Road, MSC 6101  
Stamford, CT 06926-0700

3/8/02