

1300 South Evergreen Park Drive
SW
PO Box 47250
Olympia, WA 98504-7250
Phone (360) 684-1222
Fax (360) 586-1181
Web Site: www.utc.wa.gov

7623
TU - 132311

COMMON CARRIER OF PROPERTY
(excluding Household Goods carriers and Brokers)

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE
FEE: \$50.00

Application for Change of Name or Business Structure may be used ONLY in the following circumstances:

- Changes of carrier's name, with no change in ownership or business structure.
- Change of business structure from individual to corporation to incorporate an individual's business when the individual is the majority stockholder or, by an individual to a partnership, when the individual is the majority partner or, from a corporation to a proprietorship of the majority shareholder or, by a partnership to a proprietorship of the majority partner.
- Change of name resulting from a change in business structure from a partnership to a corporation established to incorporate the partnership business, when the partners are the majority stockholders in the same proportionate ownership.
- Change of name resulting from a change in business structure from a corporation to another corporation where both corporations are wholly owned by the same stockholders in the same proportions.

TYPE OF PAYMENT

180926

Cash Check Money Order AMEX MasterCard Visa
Credit Card Information (if applicable) _____ Exp Date _____
Month/Year _____

Amount \$ 50.00 COMPANY NAME: NOVITEX ENTERPRISE SOLUTIONS

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

MATTHEW JONES

Cardholder's signature: Matthew Jones Date 12/16/13

For Commission Use Only

111-0268-200-02	50.00	Received date: 12-19-13	ID: <u>M</u>
			Insurance: <u>under</u>

048494

Holder of Permit CC- 064267 asks the UTC for authority to change the name of or the business structure of the carrier named below under 81.80 RCW and WAC 480-14 to:

NEW BUSINESS INFORMATION

New Name: <u>NOVITEY ENTERPRISE SOLUTIONS, INC.</u>	Phone #: <u>203-356-5000</u>
Trade Name: <u>N/A</u>	Fax #: <u>203-546-6422</u>
Mailing Address: <u>ROBERT JOHNSON</u>	Physical Address: (if different)
Street/P.O. Box <u>1620 CABOT DRIVE</u>	Street <u>ONE MICROSOFT WAY</u>
City, State Zip <u>FRANKLIN TN 37064</u>	City, State Zip <u>REDMOND WA 98052</u>

USDOT # 706267 (If you don't have one, you can apply online at or contact 360-596-3812 for assistance.)

Unified Business Identifier Number (UBI): 601-513-512

Individual Partnership Corporation - State of Incorporation DE
(LP, LLP, LLC)

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
<u>SEE ATTACHMENT</u>			

CURRENT BUSINESS INFORMATION

Current Name: <u>PITNEY BOWES MANAGEMENT SERVICES, INC.</u>	Phone #: <u>203-922-4411</u>
Trade Name: <u>N/A</u>	Fax #: <u>203-546-6422</u>
Mailing Address:	Physical Address:
Street/P.O. Box <u>27 WATERVIEW DRIVE MS 27-2A</u>	Street <u>ONE MICROSOFT WAY</u>
City, State Zip <u>SHELTON CT 06484</u>	City, State Zip <u>REDMOND WA 98052</u>

Individual Partnership Corporation (LP, LLP, LLC) State of Incorporation DE

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
<u>SEE ATTACHMENT</u>			

CERTIFICATION: Carrier affirms that the change of name or business structure does not involve a change in ownership, management, or control of the operating authority. The undersigned applicant requests that the Commission enter an order granting its petition as provided in 81.80 RCW.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

Matthew Jones Signature(s) 12/16/13 Date

MATTHEW JONES
717-792-1584

CORPORATE OFFICER NAME	TITLE	WORK ADDRESS	PERCENTAGE OF SHARES
John Visentin	Executive Chairman & CEO	Stamford, CT	Non-Stock Corporation
Sharon Ferko	General Council	Stamford, CT	Non-Stock Corporation
Joseph Trost	Chief Operating Officer	Stamford, CT	Non-Stock Corporation
Lila Campbell	Chief Human Resources Officer	Stamford, CT	Non-Stock Corporation
Sherri Montenegro	Director of Operations Finance	Miami, FL	Non-Stock Corporation
Tim Healy	President	Lanham, MD	Non-Stock Corporation
Irina Novoselsky	Head of Business Development	Stamford, CT	Non-Stock Corporation
Michelle Tiemey	Senior Vice President, Service Delivery	Las Vegas, NV	Non-Stock Corporation

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "PITNEY BOWES MANAGEMENT SERVICES, INC.", CHANGING ITS NAME FROM "PITNEY BOWES MANAGEMENT SERVICES, INC." TO "NOVITEX ENTERPRISE SOLUTIONS, INC.", FILED IN THIS OFFICE ON THE SECOND DAY OF DECEMBER, A.D. 2013, AT 1:44 O'CLOCK P.M. *

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

CORPORATION #

2212506 8100
131363710



You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State
 AUTHENTICATION: 0936145

DATE: 12-02-13

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:46 PM 12/02/2013
FILED 01:44 PM 12/02/2013
SRV 131363710 - 2212506 FILE

**CERTIFICATE OF AMENDMENT
TO THE
RESTATED CERTIFICATE OF INCORPORATION
OF
PITNEY BOWES MANAGEMENT SERVICES, INC.**

Pitney Bowes Management Services, Inc., a corporation organized and existing under the laws of the State of Delaware (the "*Corporation*"), does hereby certify as follows:

FIRST: The name of the Corporation is Pitney Bowes Management Services, Inc. and the date of filing of its Restated Certificate of Incorporation with the Secretary of State of the State of Delaware was January 4, 2008.

SECOND: Article 1 of the Restated Certificate of Incorporation of the Corporation is amended in its entirety to read as follows:

"1. The name of the Corporation is Novitex Enterprise Solutions, Inc."

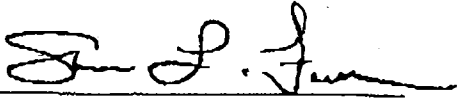
THIRD: The foregoing amendment was declared advisable and proposed to the Corporation's stockholders by a unanimous written consent of the Corporation's Board of Directors dated November 30, 2013, in accordance with Section 141 of the General Corporation Law of the State of Delaware.

FOURTH: That, in lieu of a meeting and vote of the stockholders, the stockholders have given and delivered to the Corporation their written consent to the amendment, in accordance with Section 228 of the General Corporation Law of the State of Delaware.

FIFTH: That the foregoing amendment was duly adopted in accordance with the applicable provisions of Section 242(b) of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, Pitney Bowes Management Services, Inc. has caused this Certificate of Amendment to be signed on its behalf, by Sharon Ferko, its Secretary, this 2nd day of December, 2013.

PITNEY BOWES MANAGEMENT SERVICES, INC.

By: 
Name: Sharon Ferko
Title: Secretary

7623



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
01/03/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Northeast, Inc. Stamford CT Office 1600 Summer Street Stamford CT 06907-4907 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED Novitex Enterprise Solutions, Inc. 1 Elmcroft Road Stamford CT 06926 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Liberty Mutual Fire Ins Co		23035
	INSURER B: North American Elite Insurance Company		29700
	INSURER C: LM Insurance Corporation		33600
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER:** 570052549790 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		TB2621094511023	10/01/2013	10/01/2014	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
						MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> Comp/Coll Ded \$500		AS2-621-094511-013	10/01/2013	10/01/2014	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000		UMB200003200	10/01/2013	10/01/2014	EACH OCCURRENCE	\$5,000,000
						AGGREGATE	\$5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WA562D094511033 Workers Comp- AOS WC5621094511043 Workers Comp-WI	10/01/2013	10/01/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE-EA EMPLOYEE	\$1,000,000
						E.L. DISEASE-POLICY LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Evidence of Coverage

CERTIFICATE HOLDER Washington Utilities and Transportation Commission (WUTC) 1300 South Evergreen Park Dr. SW Olympia WA 98504 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Northeast Inc</i>
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Holder Identifier :

Certificate No. : 570052549790

