# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Mar 13, 2009**
**Secretary of State**

DOCUMENT# 829626

**Entity Name:** PB AMERICAS, INC.

**Current Principal Place of Business:**

ONE PENN PLAZA
NEW YORK, NY 10119 US

**New Principal Place of Business:**

**Current Mailing Address:**

TWO GATEWAY PLAZA
ATT. KATE CICHY, 18TH FLOOR
NEWARK, NJ 07102 US

**New Mailing Address:**

**FEI Number: 11-1531569** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete
Name: DANIELSON, SCOTT
Address: 303 2ND STREET
City-St-Zip: SAN FRANCISCO, CA 94107

Title: PD ( ) Delete
Name: PIERSON, GEORGE J
Address: ONE PENN PLAZA
City-St-Zip: NEW YORK, NY 10119 US

Title: SVP ( ) Delete
Name: DEFEIS, THOMAS G
Address: ONE PENN PLAZA
City-St-Zip: NEW YORK, NY 10119 US

Title: C ( ) Delete
Name: SHERIDAN, PATRICK
Address: ONE PENN PLAZA
City-St-Zip: NEW YORK, NY 10119 US

Title: S ( ) Delete
Name: PALUMBO, LISA
Address: ONE PENN PLAZA
City-St-Zip: NEW YORK, NY 10019 US

Title: SVP ( ) Delete
Name: MARTIN, GEORGE D III
Address: 5405 WEST CYPRESS STREET, SUITE 209
City-St-Zip: TAMPA, FL 33607 US

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

Title: VP (X) Change ( ) Addition
Name: HOOD, TRACY
Address: 5405 WEST CYPRESS ST. , SUITE 300
City-St-Zip: TAMPA, FL 33607

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: ( ) 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: THOMAS G. DEFEIS SVP 03/13/2009

Electronic Signature of Signing Officer or Director — Date