

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

042591

DOCUMENT # F98000002900

03-20-2001 90124 001 *1,905.00

1. Entity Name
PB NETWORK SERVICES, INC.

Principal Place of Business ONE PENN PLAZA ATTN: K. CURRAN NEW YORK NY 10119	Mailing Address ONE PENN PLAZA ATTN: K. CURRAN NEW YORK NY 10119
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65711



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **13-4006572** Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input type="checkbox"/> Delete
NAME	BELLHOUSE, R.E.	
STREET ADDRESS	ONE PENN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	JANOWSKI, R.H.	
STREET ADDRESS	14023 DENVER WEST PARKWAY	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, J.A.	
STREET ADDRESS	14023 DENVER WEST PARKWAY	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOWEN, L.H.	
STREET ADDRESS	14023 DENVER WEST PARKWAY	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DEVENS, J.W.	
STREET ADDRESS	14023 DENVER WEST PARKWAY	
CITY-ST-ZIP	GOLDEN CO 80401	
TITLE	S	<input type="checkbox"/> Delete
NAME	CURRAN, K.J.	
STREET ADDRESS	ONE PENN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10119	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Gardner	
STREET ADDRESS	1660 Lincoln St.	
CITY-ST-ZIP	Denver, CO 80264	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Kevin J. Curran Kevin J. Curran, 3/5/2001 (212) 465-5304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)