2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90369 049 ***550.00

DOCUMENT # F99000005931

1. Entity Name
PB MUNICIPAL FUNDING INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
27 WATERVIEW DRIVE SHELTON CT 06484	27 WATERVIEW DRIVE SHELTON CT 06484

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 88-0418296 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD CRITELLI, MICHAEL J ONE ELMCROFT ROAD STAMFORD CT 06926	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ARIEN HENOCK 1 ELMCROFT RD STAMFORD, CT 06926	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KISSNER, MATTHEW S 27 WATERVIEW DRIVE SHELTON CT 06484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MATTHEW KISSNER 1 ELMCROFT RD STAMFORD, CT 06926	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RYAN, MICHAEL S 27 WATERVIEW DRIVE SHELTON CT 06484	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MICHAEL J. LEVH VICE PRESIDENT 27 WATERVIEW DR SHELTON, CT 06484	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V OSMANSKI, LAWRENCE D 27 WATERVIEW DRIVE SHELTON CT 06484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Secretary Ellie Vahid 27 Waterview Dr. Shelton CT 06484	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WILLIAMSON, KEITH H 27 WATERVIEW DRIVE SHELTON CT 06484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT KEITH S. WILLIAMSON 27 WATERVIEW DR SHELTON, CT 06484	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SEIDEMAN, MICHELLE COHN 27 WATERVIEW DRIVE SHELTON CT 06484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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 all other like empowered.

SIGNATURE: Ellie Vahid Ellie Vahid 5/2/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #