FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **844182** **(6)**

1. Corporation Name

PB LEASING CORPORATION

Principal Place of Business	Mailing Address
WORLD HEADQUARTERS C/O CORPORATE TAX 61-01 STAMFORD CT 06926-7700	WORLD HEADQUARTERS C/O CORPORATE TAX 61-01 STAMFORD CT 06926-7700

2. Principal Place of Business	2a. Mailing Address
21	26
Street Address 22	Street Address 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

3. Date Incorporated or Qualified: **09/20/1979**
3a. Date of Last Report: **02/22/1995**

4. FEI Number: **06-1012933** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.042, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1005, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PTD	☐ DELETE	1 TITLE ☐ Change ☐ Addition
2 NAME	ADIMANDO, CARMINE F.		2 NAME
3 STREET ADDRESS	47 CHERRY GATE LANE		3 STREET ADDRESS
4 CITY ST ZIP	TRUMBULL CT		4 CITY ST ZIP
5 TITLE	SVD	☐ DELETE	5 TITLE ☐ Change ☐ Addition
6 NAME	RIGGS, DOUGLAS A.		6 NAME
7 STREET ADDRESS	18 WEIR FARMS RD		7 STREET ADDRESS
8 CITY ST ZIP	RIDGEFIELD CT		8 CITY ST ZIP
9 TITLE	AS	☒ DELETE	9 TITLE ☐ Change ☐ Addition
10 NAME	CORN, AMY C.		10 NAME
11 STREET ADDRESS	8 COLONIAL CT.		11 STREET ADDRESS
12 CITY ST ZIP	NEW CANAAN CT		12 CITY ST ZIP
13 TITLE	AS	☒ DELETE	13 TITLE ☐ Change ☐ Addition
14 NAME	SCHMIDT, JOHN T.		14 NAME
15 STREET ADDRESS	269 HOLLOW TREE RIDGE RD		15 STREET ADDRESS
16 CITY ST ZIP	DARIEN CT		16 CITY ST ZIP
17 TITLE	AT	☐ DELETE	17 TITLE ☐ Change ☐ Addition
18 NAME	HENOCK, ARLEN F.		18 NAME
19 STREET ADDRESS	44 TALMADGE LANE		19 STREET ADDRESS
20 CITY ST ZIP	STAMFORD CT		20 CITY ST ZIP
21 TITLE		☐ DELETE	21 TITLE ☐ Change ☒ Addition
22 NAME			22 NAME
23 STREET ADDRESS			23 STREET ADDRESS
24 CITY ST ZIP			24 CITY ST ZIP

ASSISTANT SECRETARY
ROBBIE NARCISSE
150 WEST END AVE APT 14R
NEW YORK, N.Y. 10023

14. I (Name) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or added, above.

SIGNATURE: _____ 11/30/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

ARLEN F. HENOCK — ASSISTANT TREASURER — Title if applicable

CR2E034 (12/95)