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FILED

Feb 24 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

**WORLD HEADQUARTERS
C/O CORPORATE TAX 61-01
STAMFORD CT 06926-7700**

Mailing Address

**WORLD HEADQUARTERS
C/O CORPORATE TAX 61-01
STAMFORD CT 06926**

3. Date Incorporated or Qualified

09/20/1979

3a. Date of Last Report

02/07/1996

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. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | PTD | <input checked="" type="checkbox"/> DELETE |
| NAME | ADIMANDO, CARMINE F. | |
| STREET ADDRESS | 47 CHERRY GATE LANE | |
| CITY-ST-ZIP | TRUMBULL CT | |
| TITLE | SVD | <input type="checkbox"/> DELETE |
| NAME | RIGGS, DOUGLAS A. | |
| STREET ADDRESS | 18 WEIR FARMS RD | |
| CITY-ST-ZIP | RIDGEFIELD CT | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | CORN, AMY C. | |
| STREET ADDRESS | 8 COLONIAL CT. | |
| CITY-ST-ZIP | NEW CANAAN CT | |
| TITLE | AS | <input checked="" type="checkbox"/> DELETE |
| NAME | SCHMIDT, JOHN T. | |
| STREET ADDRESS | 269 HOLLOW TREE RIDGE RD | |
| CITY-ST-ZIP | DARIEN CT | |
| TITLE | AT | <input type="checkbox"/> DELETE |
| NAME | HENOCK, ARLEN F. | |
| STREET ADDRESS | 44 TALMADGE LANE | |
| CITY-ST-ZIP | STAMFORD CT | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | NARCISSE, ROBBIE | |
| STREET ADDRESS | 150 WEST END AVE - APT 14R | |
| CITY-ST-ZIP | NEW YORK NY | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------|--|
| 1.1 TITLE | PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | MICHAEL J. CRITELLI | |
| 1.3 STREET ADDRESS | 39 SHIELDS RD | |
| 1.4 CITY-ST-ZIP | DARIEN, CT 06820 | |
| 2.1 TITLE | DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | SECRETARY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | TREASURER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | ASSISTANT SECRETARY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97

Daytime Phone #

CR2E034 (9/96)

PB LEASING CORPORATION

OFFICERS AND DIRECTORS

| <u>NAME</u> | <u>TITLE</u> | <u>ADDRESS</u> | <u>TERM OF OFFICE</u> |
|---------------------|---------------------|---|----------------------------------|
| Michael J. Critelli | President | 39 Shields Rd. Darien, CT 06820 | Feb. 1996-97 |
| Amy C. Corn | Secretary | 8 Colonial Ct. New Canaan, CT 06940 | |
| Robbie Narcisse | Assistant Secretary | 150 West End Ave., Apt. 14R New York, NY 10003 | |
| Arlen F. Henock | Treasurer | 44 Talmadge Ln. Stamford, CT 06905 | |

DIRECTORS

| | |
|---------------------|---|
| Michael J. Critelli | 39 Shields Rd. Darien, CT 06820 |
| Douglas A Riggs | 18 Weir Farms Rd. Ridgefield, CT 06877 |

Business Address:
PB Leasing Corporation
1 Elmcroft Rd.
Stamford, CT 06926-0700