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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 844182

PB LEASING CORPORATION

PD LEAS	SING CURPURATION						
Principal Place of Business Mailing Address					- I INDIAN KOKKI OKAKI AKONI KITAK KUKUN KAK AKAKI	EKEKI CICIK EKEKI	ELEK ELEK KECK
C/O CORPORATE TAX 61-01 C/O CORPORATE TAX 6		WORLD HEADQUARTERS C/O CORPORATE TAX 61-01 STAMFORD CT 06926-7700			DO NOT WRITE IN THI	S SPACE	
STAMPORD OF	00320-7700	STAME OND OF GOSEC-7700			3. Date Incorporated or Qualifed		
}					09/20/1979		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	pplied For
21 26					06-1012933		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	•	Additional leguired
22 27					6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country				8. This corporation owes the current year Ir		
24	25	29 3	30		Personal Property Tax.	Yes	X No_
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			1
CT CORPORATION SYSTEM			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
1200 S. PINE ISLAND ROAD				<u></u>			
PLA	NTATION FL 33324		83				-
ļ			84	City	FI	85 Zip	Code
11 0	4- 41- no. Vois no. 450- 450- 207 050	12 and CO7 1500 Florida Ctatutos	- the ebec	named cares	<u> </u>	e	e registered
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 reoffice 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 regis agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.							egistered ,
	im familiar with, and accept the obliga	itions of, Section 607.0505, Florid	da Statutes.	•			,
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: F	Registered Agen	t signature required	when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition
NAME	CRITELLI, MICHAEL J		1.2 NAME	}			
STREET ADDRESS	39 SHIELDS RD		1.3 STREET	ADDRESS			1
City-St-ZiP	DARIEN CT		1.4 CITY-ST-ZIP				
TITLE	D DELETE		2.1 TITLE	}	•	Change	Addition
NAME	RIGGS, DOUGLAS A.		2.2 NAME	}			
STREET ADDRESS	18 WEIR FARMS RD		2.3 STREET	· · · · · }			
CITY-ST-ZIP	RIDGEFIELD CT		2.4 CITY-S	T-ZIP		Change	☐ Addition
TITLE	3		3.1 TITLE			□ cuange	
NAME.	CORN, AMY C.		3.2 NAME	4888500			
STREET ADDRESS	O OOLONDIL OT.		3.3 STREET				
CITY-ST-ZIP TITLE	NEW CANAAN CT □ DELETE		3.4. CITY-ST-ZIP			☐ Change	Addition
NAME	HENOCK, ARLEN F.		4. 2 NAME	İ			
STREET ADDRESS	44 TALMADGE LANE		4.3 STREET	ADDRESS			
CITY-ST-ZIP	STAMFORD CT		4.4 CITY-ST	i			
TITLE	AS	☐ DELETE	5.1 TITLE			Change	Addition
NAME	NARCISSE, ROBBIE		5.2 NAME	1			
STREET ADDRESS	150 WEST END AVE - APT 14	₹	5.3 STREET	ADDRESS)
CITY-ST-ZIP	NEW YORK NY	•	5.4 CITY-ST	- ZIP			
TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME	}			
STREET ADDRESS			6.3 STREET	ADDRESS			į

14. 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 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 epigewered 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 appears with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/9 g

Daytime Phone #

PB LEASING CORPORATION

OFFICERS AND DIRECTORS

Terms of Office 5/98-5/99

NAME TITLE

<u>ADDRESS</u>

Michael J. Critelli

President

39 Shields Rd.

Michael J. Critein

SS#: 064-40-4188

Darien, CT 06820

Amy C. Corn

Secretary

8 Colonial Ct.

SS#: 086-46-4571

New Canaan, CT 06940

Robbie Narcisse

Assistant Secretary

150 West End Ave., Apt. 14R

SS#: 526-41-4016

New York, NY 10003

Arlen F. Henock

Treasurer

44 Talmadge Ln.

SS#: 075-46-8919

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