



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 844182 1. Entity Name PB LEASING CORPORATION	
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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 06926-7700
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1012933	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOLOP, BRUCE P 1170 FIFTH AVE NEW YORK, NY 10029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORN, AMY C. 8 COLONIAL CT. NEW CANAAN, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT HENOCK, ARLEN F. 44 TALMADGE LANE STAMFORD, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JOHNSON, PATRICIA M 150 WEST END AVE - APT 14R NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOKIDES, DESSA M 880 LAKE AVE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

1100000219233
02/08/05-80018-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ARLEN F. HENOCK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
V.P. + ASST. TREASURER

Date **1/25/05** Daytime Phone # _____