

FILED  
Apr 17, 2003 8:00 am  
Secretary of State

04-17-2003 90185 035 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # 844182</b>			
1. Entity Name <b>PB LEASING CORPORATION</b>			
Principal Place of Business <b>WORLD HEADQUARTERS C/O CORPORATE TAX 61-01 STAMFORD, CT 06926-7700</b>		Mailing Address <b>WORLD HEADQUARTERS C/O CORPORATE TAX 61-01 STAMFORD, CT 06926-7700</b>	
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 <b>06-1012933</b>		Applied For 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			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when necessary) DATE _____			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	P	<input checked="" type="checkbox"/> Delete	
NAME	CRITELLI, MICHAEL J		
STREET ADDRESS	39 SHIELDS RD		
CITY-ST-ZIP	DARIEN, CT		
TITLE	S	<input type="checkbox"/> Delete	
NAME	CORN, AMY C.		
STREET ADDRESS	8 COLONIAL CT.		
CITY-ST-ZIP	NEW CANAAN, CT		
TITLE	T	<input type="checkbox"/> Delete	
NAME	HENOCK, ARLEN F.		
STREET ADDRESS	44 TALMADGE LANE		
CITY-ST-ZIP	STAMFORD, CT		
TITLE	AS	<input checked="" type="checkbox"/> Delete	
NAME	NARCISSE, ROBBIE		
STREET ADDRESS	150 WEST END AVE - APT 14R		
CITY-ST-ZIP	NEW YORK, NY		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRUCE P. NOLOP		
STREET ADDRESS	1170 FIFTH AVE		
CITY-ST-ZIP	NYC, NY 10029		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	V.P. + AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PATRICIA M. JOHNSON		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DESSA M. BOKIDES		
STREET ADDRESS	380 LAKE AVE		
CITY-ST-ZIP	GREENWICH, CT 06830		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.			
SIGNATURE: _____ ARLEN F. HENOCK (203) 351-7652			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR V.P. + ASST. TREASURER			

CR2034 (10/02)

attachment  
90089516  
#844182

**PB LEASING CORPORATION**

**OFFICERS AND DIRECTORS**

Terms of Office through 5/2003

<b><u>NAME</u></b>	<b><u>TITLE</u></b>	<b><u>ADDRESS</u></b>
Bruce P. Nolop	President SS#: 504-56-3986	1170 Fifth Avenue, New York, NY 10029
Arlen F. Henock	Vice President and Assistant Treasurer SS#: 075-46-8919	44 Talmadge Ln. Stamford, CT 06905
Dessa M. Bokides	Treasurer SS#: 518-86-9793	380 Lake Avenue, Greenwich, CT 06830
Amy C. Corn	Secretary SS#: 086-46-4571	8 Colonial Ct. New Canaan, CT 06940
Patricia M. Johnson	Assistant Secretary SS#: 043-46-8727	110 Roberton Crossing, Fairfield, CT 06825

**DIRECTORS**

Matthew Kissner - 9 Huntington Ave., Scarsdale, NY 10583

Bruce P. Nolop

Arlen F. Henock

**Business Address:**

PB Leasing Corporation

1 Elmcroft Rd.

Stamford, CT 06926-0700

This address applies to all the above Officer and Directors.

6/5/02