FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 84723

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324

(6)

Mailing Address

PB AVIATION, INC.

Principal Place of Business

FILED Apr 02 1998 8:00am Secretary of State

Tymospan rado di Edisiredo	Mailing Madroso			
421 ARCH ST. CINCINNATI OH 45202 ATTENTION: K. CURRAN NEW YORK NY 10119 US		7.	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/16/1980	:
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
312 Elm Street	26		31-0990696	Not Applicable
25th Floor East	Suite, Apt. #, etc.			.75 Additional ee Required
Cincinnati, OH 45202	City & State			.00 May Be ded to Fees
Zip Country 24 4 5 2 0 2 25	29 30	untry	8. This corporation owes or has paid the current ye Personal Property Tax due June 30. Yes	ear Intangible
9, Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION		81 Name		,

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.

83 City

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

SIGNATURE Signature, typed or profest runs of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	DELETE	1.1 TITLE	Change Addition		
NAME	SCHLOTHAUER, DAVID A		1.2 NAME			
STREET ADDRESS	421 ARCH STREET		1.3 STREET ADDRESS	312 Elm St., \$5th Floor		
CITY-ST-ZIP	CINCINNATI, OHIO 00000		1.4 CITY-ST-ZIP	Cincinnati, OH 45202		
TITLE	8	DELETE	2.1 TITLE	Change 🗹 Addition		
NAME	Curran, Kevin		2.2 NAME			
STREET ADDRESS	ONE PENN PLAZA		2.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY		2. 4 CITY - ST - ZIP	10119		
TITLE	P	☐ DELETE	3.1 TITLE	Change Addition		
NAME	FITZGERALD, GERALD P		3.2 NAME	•		
STREET ADDRESS	1 PENN PLAZA		3.3 STREET ADDRESS	One P e nn Plaza		
CITY-ST-ZIP	NY NY		3.4. CITY-ST-ZIP	New York, NY 10119		
TOTLE	VP	☐ DELE te	4.1 TITLE	Change / Addition		
NAME	TIEDT, JILL D		4. 2 NAME	210 710 01 2514 71-10 (61/		
STREET ADDRESS	421 ARCH STREET		4.3 STREET ADDRESS	312 Elm St., 25th Floor		
CITY-ST-ZIP	CINCINNATI OH		4.4 CITY-ST-ZIP	Cincinnati, OH 45202		
TITLE	VP	₩ DELETE	5.1 TITLE	6000024773d Shange Addition		
NAME	STEWART, ALAN W.		5.2 NAME	-04/02/9801093001		
STREET ADDRESS	421 ARCH STREET		5.3 STREET ADDRESS	###1400 7C		
CITY-\$T-ZIP	<u> CINCINNATI OH</u>		5.4 CITY - ST - ZIP	<u> </u>		
TITLE		DELETE	6.1 TITLE	T Change Addition		
NAME			6.2 NAME	Paone, Benjamin N.		
STREET ADDRESS			6.3 STREET ADDRESS	One Penn Plaza		
CITY-ST-ZIP			6.4 CITY - ST - ZIP	New York, NY 10119		

14. Thereby 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 true ge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changory or on an attackment with an address.

(212) 465-5011

3/23/98

Curran