## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 20, 2001 8:00 am DOCUMENT # F00000000948 **Secretary of State** 1. Entity Name PB-KBB INC. 03-20-2001 90124 001 \*1,905.00 Principal Place of Business Mailing Address ATTN: K. CURRAN ATTN: K. CURRAN ONE PENN PLAZA ONE PENN PLAZA 65717 NEW YORK NY 10119 NEW YORK NY 10119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FE! Number 76-0002840 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **C T CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME ROMAN, W S NAME STREET ADDRESS STREET ADDRESS ONE PENN PLAZA CITY-ST-ZIP CITY-ST-ZIE **NEW YORK NY 10119** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME COULLAHAN, R NAME STREET ADDRESS STREET ADDRESS 465 SPRING PARK PLACE CITY-ST-ZIP CITY-ST-ZIP HERNDON VA 20170 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RUGLESS, J M NAME STREET ADDRESS STREET ADDRESS 465 SPRING PARK PLACE CITY-ST-ZIP CITY-ST-ZIP HERNDON VA 20170 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HARRIS, DW NAME STREET ADDRESS STREET ADDRESS 11757 KATY FREEWAY, SUITE 600 CITY-ST-ZIP CITY-ST-ZIP HOUSTON TX 77079 Change C TITLE ☐ Delete ☐ Addition NAME FISCHETTI, M M NAME STREET ADDRESS STREET ADDRESS ONE PENN PLAZA CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10119** ☐ Addition TITLE ☐ Delete TITLE [ ] Change NAME CURRAN, K J NAME STREET ADDRESS STREET ADDRESS ONE PENN PLAZA CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY 10119** 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all ther like empowered.

SIGNATURE:

Kevi

Kevin J. Curran

3/5/2001

(212) 465-5304

te Daytime Phone #

CR2E034 (10/00)