

10/11/2005 17:24

8502227615

CT CORP

PAGE 01/05

**F05000005929**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H05000241148 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

RECEIVED  
05 OCT 12 AM 7:43  
DIVISION OF CORPORATION

**FOREIGN PROFIT QUALIFICATION**

PB Consult Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$2,370.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT 12 AM 9:54

Electronic Filing Menu

Corporate Filing

Public Access Help

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. PB Consult Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 13-4142817

(FBI number, if applicable)

4. 10/31/2000

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 1/1/2003

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty (liability))

7. One Penn Plaza, New York, NY 10119

(Principal office address)

One Penn Plz, Attn K. Curran New York, NY 10119

(Current mailing address)

8. To provide management consulting services.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

## 10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: Melissa Fox

(Registered agent's signature)

**Melissa Fox**  
Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT 12 AM 9:54

**A. DIRECTORS**

Chairman: SEE ATTACHMENT

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: SEE ATTACHMENT

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT 12 PM 9:54

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Kevin J. Curran, Secretary  
(Typed or printed name and capacity of person signing application)

**PB CONSULTING INC.****OFFICERS AND DIRECTORS**

Title	Name	Business Address*	Business Address Reference Number	Residence	Director
Chair	M.L. Downey II	Washington, DC	(1)	Vienna, VA	X
President	B.L. Johnke	New York, NY	(2)	New York, NY	X
Senior Vice President	G.P. Benz	Baltimore, MD	(3)	Owings Mills, MD	
Secretary	K.J. Curran	New York, NY	(2)	Cashings, NY	
Treasurer	J. Fabbio	New York, NY	(2)	New York, NY	
Controller	P.G. Sheridan	New York, NY	(2)	Berkley Heights, NJ	X
Board Director	A. Linden	New York, NY	(2)	Brooklyn, NY	X
Board Director	D.A. McAllister	New York, NY	(2)	Westfield, NJ	X
Board Director	M.I. Schneider	New York, NY	(2)	New York, NY	X
Board Director	W.D. Smith	New York, NY	(2)	New York, NY	X

**\* Business Addresses**

- (1) 1401 K Street NW, Suite 300, Washington, DC 20005  
 (2) One Penn Plaza, New York, NY 10119  
 (3) 100 South Charles Street, Tower I, 10th Floor, Baltimore, MD 21201

March 2005

# Delaware

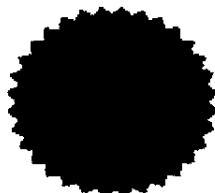
PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PB CONSULT INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF OCTOBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3309765 8300

AUTHENTICATION: 4214798

050826944

DATE: 10-10-05