

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005929

Entity Name: PB CONSULT INC.

FILED  
Feb 17, 2010  
Secretary of State

## Current Principal Place of Business:

ONE PENN PLAZA  
NEW YORK, NY 10119

## New Principal Place of Business:

## Current Mailing Address:

TWO GATEWAY CENTER  
ATTN: KATE CICHY, 18TH FLOOR  
NEWARK, NJ 10119

## New Mailing Address:

TWO GATEWAY CENTER  
ATTN: KATE CICHY, 18TH FLOOR  
NEWARK, NJ 07102

FEI Number: 13-4142817

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C  
Name: DOWNEY, MORTIMER L III  
Address: 1401 K STREET NW, SUITE 300  
City-St-Zip: WASHINGTON, DC 20005

Title: P  
Name: PIERSON, GEORGE J  
Address: ONE PENN PLAZA  
City-St-Zip: NEW YORK, NY 10119

Title: S  
Name: PALUMBO, LISA M  
Address: ONE PENN PLAZA  
City-St-Zip: NEW YORK, NY 10119

Title: T  
Name: BRAY, MATTHEW  
Address: ONE PENN PLAZA  
City-St-Zip: NEW YORK, NY 10119

Title: AS  
Name: DEFEIS, THOMAS G  
Address: ONE PENN PLAZA  
City-St-Zip: NEW YORK, NY 10119

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS G DEFEIS

AS

02/17/2010

Electronic Signature of Signing Officer or Director

Date