

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001036

Entity Name: PB ARCHITECTURE, INC.

FILED
Feb 24, 2012
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
ATT, KATE CICHY, 18TH FL
NEWARK, NJ 07102

New Mailing Address:

TWO GATEWAY CENTER
SUITE 1803
NEWARK, NJ 07102

FEI Number: 26-2030938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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

OFFICERS AND DIRECTORS:

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

Title: VPD
Name: BROOKS-PILLING, TOM
Address: 1831 CHESTNUT STREET
City-St-Zip: ST LOUIS, MO 63103

Title: D
Name: BENZ, GREGORY P
Address: 100 SOUTH CHARLES STREET TOWER I 10TH FL
City-St-Zip: BALTIMORE, MD 21201

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

Title: AS
Name: JASSEY, HILLARY
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

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: LISA M PALUMBO

S

02/24/2012

Electronic Signature of Signing Officer or Director

Date