2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# F09000003851

Entity Name: PB PROFESSIONAL SERVICES INC.

Current Principal Place of Business:

1 ELMCROFT ROAD
STAMFORD, CT 06926 07

New Principal Place of Business:

Current Mailing Address:

1 ELMCROFT RD,
STAMFORD, CT 06926 07

New Mailing Address:

1 ELMCROFT RD,
MSC 61-01 CORPORATE TAX DEPT
STAMFORD, CT 06926 07

FEI Number: 06-0973340 **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

OFFICERS AND DIRECTORS:

Title: P
Name: TORSONE, JOHNNA G
Address: 1 ELMCROFT RD,
City-St-Zip: STAMFORD, CT 06926

Title: VTD
Name: SHAN, HELEN
Address: 1 ELMCROFT RD,
City-St-Zip: STAMFORD, CT 06926

Title: AS
Name: JOHNSON, PATRICIA M
Address: 1 ELMCROFT RD,
City-St-Zip: STAMFORD, CT 06926

Title: VP
Name: JOHNSON, BARRET S
Address: 1 ELMCROFT RD,
City-St-Zip: STAMFORD, CT 06926

Title: S
Name: CORN, AMY C
Address: 1 ELMCROFT RD,
City-St-Zip: STAMFORD, CT 06926

Title: D
Name: MONAHAN, MICHAEL
Address: 1 ELMCROFT RD,
City-St-Zip: STAMFORD, CT 06926

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: BARRET S. JOHNSON VP 01/05/2011

Electronic Signature of Signing Officer or Director Date