

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003851

FILED
Apr 24, 2012
Secretary of State

Entity Name: PB PROFESSIONAL SERVICES INC.

Current Principal Place of Business:

1 ELMCROFT ROAD
STAMFORD, CT 06926 07

New Principal Place of Business:

ONE ELMCROFT ROAD
STAMFORD, CT 06926 US

Current Mailing Address:

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

New Mailing Address:

ONE ELMCROFT ROAD, MSC 61-01
STAMFORD, CT 06926 US

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: PRES
Name: TORSONE, JOHNNA G
Address: ONE ELMCROFT ROAD
City-St-Zip: STAMFORD, CT 06926

Title: TREA
Name: SHAN, HELEN
Address: ONE ELMCROFT ROAD
City-St-Zip: STAMFORD, CT 06926

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

Title: SECY
Name: CORN, AMY C
Address: ONE ELMCROFT ROAD
City-St-Zip: STAMFORD, CT 06926

Title: DIR
Name: MONAHAN, MICHAEL
Address: ONE ELMCROFT ROAD
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

04/24/2012

Electronic Signature of Signing Officer or Director

_____ Date