

2000 UNIFORM BUSINESS REPORT (UBR)

000543

DOCUMENT # F93000001294

1. Entity Name

PB POWER INC.

FILED

00 FEB 10 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

PENN PLAZA
NEW YORK NY 10119

Mailing Address

ONE PENN PLAZA
ATTENTION: K. CURRAN
NEW YORK NY 10119-0002
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3794379

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

6. Name and Address of Current Registered Agent

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

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	FISHMAN, R E	
STREET ADDRESS	303 SECOND ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94107	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	VAN WEELE, B.J.	
STREET ADDRESS	303 SECOND STREET, SUITE 710	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	S	<input type="checkbox"/> Delete
NAME	CURRAN, K. J.	
STREET ADDRESS	ONE PENN PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	MESKO, J E	
STREET ADDRESS	ONE PENN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paone, Benjamin N.	
STREET ADDRESS	One Penn Plaza	
CITY-ST-ZIP	New York, NY 10119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ballard, Robert E.	
STREET ADDRESS	One Penn Plaza	
CITY-ST-ZIP	New York, NY 10119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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***1746.25 ***158.75

☐ Change ☐ Addition

KE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kevin J. Curran

Kevin J. Curran

02/02 00

(212) 465-5304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)