

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F93000001294****1. Entity Name**  
**PB POWER INC.****FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90124 001 \*1,905.00

Principal Place of Business

**ONE PENN PLAZA**  
**NEW YORK NY 10119**

Mailing Address

**ONE PENN PLAZA**  
**ATTENTION: K. CURRAN**  
**NEW YORK NY 10119**  
**US****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** **13-3794379**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☒**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name

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

City

**FL**

Zip Code

**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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PCD	<input type="checkbox"/> Delete
NAME	FISHMAN, R E	
STREET ADDRESS	303 SECOND ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94107	
TITLE	T	<input type="checkbox"/> Delete
NAME	PAONE, BENJAMIN N	
STREET ADDRESS	ONE PENN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE	S	<input type="checkbox"/> Delete
NAME	CURRAN, K. J.	
STREET ADDRESS	ONE PENN PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	BALLARD, ROBERT 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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V	
STREET ADDRESS	John Mesko	
CITY-ST-ZIP	One Penn Plaza	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	New York, NY 10119	

**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 or other like empowered.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin J. Curran 3/5/2001

Date

(212) 465-5304

Daytime Phone #

CR2E034 (10/00)