

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90076 044 ***150.00

DOCUMENT # P31535

1. Entity Name

PB ACQUISITION CORP.

Principal Place of Business

Mailing Address

**280 PARK AVENUE
EAST BLDG., 20TH FLOOR
NEW YORK NY 10017
US**

**280 PARK AVENUE
EAST BLDG., 20TH FLOOR
NEW YORK NY 10017
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1775 Broadway
23rd Floor**

3. Mailing Address

**3100 Monticello
Suite 200**

City & State
New York NY

City & State
Dallas TX

Zip
10019

Country
USA

Zip
75205

Country
USA

4. FEI Number **75-2349514**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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 **PD** ☐ Delete
NAME **FRIEDMAN, WILLIAM S**
STREET ADDRESS **280 PARK AVENUE, EAST BLDG., 20TH FLOOR**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☒ Change ☐ Addition
NAME **1775 Broadway, 23rd Floor**
STREET ADDRESS **New York NY**
CITY-ST-ZIP **10019**

TITLE **VT** ☐ Delete
NAME **MINOR, TODD C**
STREET ADDRESS **3100 MONTICELLO STE 200**
CITY-ST-ZIP **DALLAS TX 75205**

TITLE ☒ Change ☐ Addition
NAME **TSVP**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VS** ☐ Delete
NAME **MANSFIELD, KATHRYN**
STREET ADDRESS **8100 MONTICELLO STE 200**
CITY-ST-ZIP **DALLAS TX 75205**

TITLE ☒ Change ☐ Addition
NAME **EVPS**
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **RUBENSTEIN, CHARLES**
STREET ADDRESS **280 PARK AVE E BLDG 20TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10017**

TITLE ☒ Change ☐ Addition
NAME **EVP**
STREET ADDRESS **1775 Broadway, 23rd Floor**
CITY-ST-ZIP **New York NY 10019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Kathryn Mansfield*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHRYN MANSFIELD **4-9-01** **214-599-2200**
Date Daytime Phone #

CR2E034 (10/00)