FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

ONE PENN PLAZA

NEW YORK NY

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 02 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5) PB FARRADYNE INC. Principal Place of Business Mailing Address 3200 TOWER OAKS BLVD ATT K. CURRAN ROCKVILLE MD 20852 ONE PENN PLAZA DO NOT WRITE IN THIS SPACE NEW YORK NY 10119 3. Date Incorporated or Qualified 06/05/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 26 52-1366064 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Country Zio Zip Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 Zip Code City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pented name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE KRAFT, WALTER NAME 1.2 NAME ONE PENN PLAZA STREET ADDRESS 1.3 STREET ADDRESS 10119 **NEW YORK NY** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE CD. 2.1 TITLE Della Rocca, MichaelL. TARNOFF, PHILIP J. NAME 2.2 NAME One Penn Plaza 3200 TOWER OAKS BLVD 2.3 STREET ADDRESS STREET ADDRESS New York, NY 10119 ROCKVILLE MD 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE ۷D 3.1 TITLE SUMNER, ROY 3.2 NAME NAME Jacobson, Kern L. 3200 TOWER OAKS BLVD STREET ADORESS 3.3 STREET ADDRESS **ROCKVILLE MD** 20852 CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE CURRAN, KEVIN J. 4. 2 NAME NAME ONE PENN PLAZA 4.3 STREET ADDRESS STREET ADDRESS NEW YORK, NY 10119 CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE 5.1 TITLE TITLE PUGH, JOHN F. 5.2 NAME NAME 3200 TOWER OAKS BLVD 5.3 STREET ADDRESS STREET ADDRESS **ROCKVILLE MD** CITY-ST-ZIP 5.4 CITY - ST - ZIP 4000024773Q4ange -04/02/98--01093--001 DFLETE 6 1 7 ITLE TITLE PAONE, BENJAMIN NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or suppliemental annual 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 Impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or go an attachmost viith an address.

***1428.75

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