

2000 UNIFORM BUSINESS REPORT (UBR)

000541

DOCUMENT # P34205

1. Entity Name

PB FARRADYNE INC.

FILED

00 FEB 10 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3200 TOWER OAKS BLVD
ROCKVILLE MD 20852
US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1366064

Applied For

Not Applicable

Zip

Country

Zip

Country

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 S. 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	KRAFT, WALTER	
STREET ADDRESS	ONE PENN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	DELLA ROCCA, MICHAEL L	
STREET ADDRESS	ONE PENN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JACOBSON, KERN L	
STREET ADDRESS	3200 TOWER OAKS BLVD	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	S	<input type="checkbox"/> Delete
NAME	CURRAN, KEVIN J.	
STREET ADDRESS	ONE PENN PLAZA	
CITY-ST-ZIP	NEW YORK NY 10119	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	PUGH, JOHN F.	
STREET ADDRESS	3930 HOWARD HUGHES PKWY	
CITY-ST-ZIP	LAS VEGAS NV 89109	
TITLE	T	<input type="checkbox"/> Delete
NAME	PAONE, BENJAMIN	
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	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Defeis, Thomas G	
STREET ADDRESS	One Penn Plaza	
CITY-ST-ZIP	New York, NY 10119	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yermack, Lawrence F	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin J. Curran

Date

Daytime Phone #

02/02/00 (212) 465-5304

CR2E034 (9/99)