


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90038 023 \*\*\*150.00

**DOCUMENT # 825304**

1. Entity Name  
**THE PROSPECT COMPANY**



Principal Place of Business: **ONE CITY PLACE  
HARTFORD, CT 06103-3415**

Mailing Address: **ONE METLIFE PL  
27-01 QUEENS PL N  
LONG ISLAND CITY, NY 11101**

2. Principal Place of Business - No. P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



03282008 Chg-P CR2E034 (12/06)

4. FEI Number  
**51-0099394**

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

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (N/A) Registered Agent signature required when re-registering. (A/R)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> Delete
NAME	MERCK, ROBERT R	
STREET ADDRESS	10 PARK AVE	
CITY-ST-ZIP	MORRISTOWN, NJ 07962	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRASH, STEVEN J	
STREET ADDRESS	ONE METLIFE PL 27-01 QUEENS PL N	
CITY-ST-ZIP	LONG ISLAND CITY, NY 11101	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GARDELLA, WILLIAM P	
STREET ADDRESS	10 PARK AVE	
CITY-ST-ZIP	MORRISTOWN, NJ 07962	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMSON, ANTHONY J	
STREET ADDRESS	ONE METLIFE PL 27-01 QUEENS PL N	
CITY-ST-ZIP	LONG ISLAND CITY, NY 11101	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	O'NEILL, DANIEL A	
STREET ADDRESS	10 PARK AVE	
CITY-ST-ZIP	MORRISTOWN, NJ 07962	
TITLE	AT	<input type="checkbox"/> Delete
NAME	HARRISON, GREGORY	
STREET ADDRESS	ONE METLIFE PLAZA, 27-01 QUEENS PLAZA N.	
CITY-ST-ZIP	LONG ISLAND CITY, NY 11101	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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		
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James W. Koeger	
STREET ADDRESS	13045 Tesson Ferry Road.	
CITY-ST-ZIP	St. Louis, MO 63128	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven J. Brash Steven J. Brash, Vice President, 04/1/2008. 212-578-4852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #