

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005107

FILED
Aug 24, 2005
Secretary of State

Entity Name: PRUDENTIAL TIMBER INVESTMENTS, INC.

Current Principal Place of Business:

800 BOYLSTON STREET
15TH FLOOR
BOSTON, MA 02199

New Principal Place of Business:

Current Mailing Address:

PO BOX 990407
BOSTON, MA 02199

New Mailing Address:

FEI Number: 04-3070429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LORD, JOHN M JR
Address: 800 BOYLSTON ST - 15TH FLOOR
City-St-Zip: BOSTON, MA 02199

Title: VACD () Delete
Name: CHARLES, DOUGLAS W
Address: 800 BOYLSTON ST - 15TH FLOOR
City-St-Zip: BOSTON, MA 02199

Title: AS () Delete
Name: SHEA, JAMES
Address: 213 WASHINGTON ST - 8TH FLOOR
City-St-Zip: NEWARK, NJ 07102

Title: CD () Delete
Name: LOWREY, CHARLES
Address: 8 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: T () Delete
Name: CHAPLIN, C. EDWARD
Address: 751 BROAD STREET
City-St-Zip: NEWARK, NJ 07102

Title: VPAS () Delete
Name: BLUM, FREDERICK W
Address: 800 BOYLSTON ST - 15TH FL
City-St-Zip: BOSTON, MA 02199

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SHANKLIN, GREGORY D
Address: 8 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07065

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: FITTS, ROBERT
Address: 8 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERICK W BLUM

VPAS

08/24/2005

Electronic Signature of Signing Officer or Director

_____ Date