


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90007 007 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003171

1. Corporation Name
PRUDENTIAL DIRECT INC.



Principal Place of Business 213 WASHINGTON STREET NEWARK NJ 07102	Mailing Address 213 WASHINGTON STREET NEWARK NJ 07102
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/17/1997	
4. FEI Number 58-1335671	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 2 OAK Way Suite, Apt. #, etc.
22 City & State	27 Connell Corporate Center II City & State
23 Zip	28 Berkeley Heights, NJ Zip
24 Country	29 07922 Country
25	30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KIRK, BRYANT W	
STREET ADDRESS	8 BENTLEY WAY	
CITY-ST-ZIP	LONG VALLEY NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAVALLATO, MICHAEL G	
STREET ADDRESS	9 ABRAHAM ROAD	
CITY-ST-ZIP	WHITEHOUSE STATION NJ	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GORDON, KIMBERLY M	
STREET ADDRESS	38 GREAT OAK DRIVE	
CITY-ST-ZIP	SHORT HILLS NJ	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	CHAPLIN, CHARLES E	
STREET ADDRESS	17 RIDGE RD	
CITY-ST-ZIP	SUMMIT NJ 07901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWARD, CHRISTINE	
STREET ADDRESS	23 SANDPIPER LANE	
CITY-ST-ZIP	SEA BRIGHT NJ 07760	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLOBY, ROBERT A	
STREET ADDRESS	18 LORI STREET	
CITY-ST-ZIP	SPOTSWOOD NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 supplemental 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 empowered 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 on an attachment with an address.

SIGNATURE: Michael G. Lavallato **Michael G. Lavallato Vice President** 7-12-99 908-790-3121
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)