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

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90030 006 ***150.00

0553525

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P15615**

1. Corporation Name
THE PRUDENTIAL REAL ESTATE AFFILIATES, INC.

Principal Place of Business	Mailing Address
3333 MICHELSON DRIVE SUITE 1000 IRVINE CA 92612	3333 MICHELSON DRIVE SUITE 1000 IRVINE CA 92612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1987

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 22-2785461 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STEVEN A. OZONIAN		1.2 NAME		
STREET ADDRESS	3333 MICHEL SON DR SUITE 1000		1.3 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA 92612		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VAN DER WALL, JOHN		2.2 NAME		
STREET ADDRESS	3333 MICHELSON DR SUITE 1000		2.3 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA 92612		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LUCA, MATTHEW M.		3.2 NAME		
STREET ADDRESS	200 SUMMIT LAKE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	VALHALLA NY		3.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HUBBELL, JONATHAN		4.2 NAME		
STREET ADDRESS	333 MICHELSON DR SUITE 1000		4.3 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA 92612		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	UNDERKOFFLER, DENIS A.		5.2 NAME		
STREET ADDRESS	3333 MICHELSON DR SUITE 1000		5.3 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA 92612		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LON ADAMS		6.2 NAME		
STREET ADDRESS	3333 MICHELSON DR SUITE 1000		6.3 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA 92612		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Jonathan Hubbell Jonathan Hubbell 1/22/99 949-784-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #