

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **857987** ✓  
 1. Entity Name

PRUCO SECURITIES CORPORATION

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**751 Broad Street**

Suite, Apt. #, etc.

3. Mailing Address  
**751 Broad Street**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Newark, NJ**

City & State  
**Newark, NJ**

4. FEI Number  
**22-1921421**

Applied For  
 Not Applicable

Zip  
**07102**

Country  
**US**

Zip  
**07102-3714**

Country  
**US**

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**United States Corporation Company**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**  
**Ste. 105**  
 City  
**Tallahassee FL** Zip Code  
**32301**

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)

**January 1 - May 1: Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Kevin B. Frawley</b> <b>213 Washington St., Newark, NJ</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Stuart Abrams</b> <b>765 Broad Street, Newark, NJ</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Charles E. Chaplin</b> <b>751 Broad Street, Newark, NJ</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Clifford E. Kirsch</b> <b>213 Washington Street, Newark, NJ</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Asst. Controller</b> <b>Janice F. Pavlou</b> <b>213 Washington St., Newark, NJ</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>James J. Avery, Jr.</b> <b>213 Washington St., Newark, NJ</b>

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**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Janice Pavlou*

5/1/02

Date

Daytime Phone #