


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90082 014 \*\*\*150.00

<b>DOCUMENT # F02000005788</b> 1. Entity Name <b>PRUDENTIAL FINANCIAL, INC.</b>	
---------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business <b>751 BROAD STREET NEWARK, NJ 07102 US</b>	Mailing Address <b>213 WASHINGTON STREET 8TH FL., TAX DIVISION NEWARK, NJ 07102 US</b>
--------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>22-3703799</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
-----------------------------------------------------------	-------------------------------------------

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324</b>
------------------------------------------------------------------------------------------------------------------------------------------

**DO NOT WRITE  
IN THIS SPACE**

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. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
-------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO RYAN, ARTHUR F 751 BROAD STREET NEWARK, NJ 07102</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BLOUNT, SUSAN 751 BROAD STREET NEWARK, NJ 07102</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GIBSON, KATHLEEN M 751 BROAD STREET NEWARK, NJ 07102</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CHAPLIN, C. EDWARD 751 BROAD STREET NEWARK, NJ 07102</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AC CAMPEN, DAVID S 213 WASHINGTON STREET NEWARK, NJ 07102</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AC PAVLOU, JANICE 213 WASHINGTON STREET NEWARK, NJ 07102</b>

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Janice Pavlou, Janice Pavlou, Assistant Controller 2/11/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #