

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F02000005788

1. Entity Name
PRUDENTIAL FINANCIAL, INC.



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

02-23-2005 90082 014 ***150.00

Principal Place of Business
751 BROAD STREET
NEWARK, NJ 07102 US

Mailing Address
213 WASHINGTON STREET
8TH FL., TAX DIVISION
NEWARK, NJ 07102 US

DO NOT WRITE IN THIS SPACE



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3703799	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CCEO
NAME RYAN, ARTHUR F
STREET ADDRESS 751 BROAD STREET
CITY-ST-ZIP NEWARK, NJ 07102

TITLE VP
NAME BLOUNT, SUSAN
STREET ADDRESS 751 BROAD STREET
CITY-ST-ZIP NEWARK, NJ 07102

TITLE SD
NAME GIBSON, KATHLEEN M
STREET ADDRESS 751 BROAD STREET
CITY-ST-ZIP NEWARK, NJ 07102

TITLE TD
NAME CHAPLIN, C. EDWARD
STREET ADDRESS 751 BROAD STREET
CITY-ST-ZIP NEWARK, NJ 07102

TITLE AC
NAME CAMPEN, DAVID S
STREET ADDRESS 213 WASHINGTON STREET
CITY-ST-ZIP NEWARK, NJ 07102

TITLE AC
NAME PAVLOU, JANICE
STREET ADDRESS 213 WASHINGTON STREET
CITY-ST-ZIP NEWARK, NJ 07102

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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 Pavlov, Janice Pavlov, Assistant Comptroller 2/11/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Office Phone #