

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F93000003893 (5)**

1. Corporation Name

**PRUDENTIAL UNIFORMED SERVICES ADMINISTRATORS, IN  
C.**

Principal Place of Business

**ONE PRUDENTIAL CIRCLE  
SUGAR LAND TX 77478**

Mailing Address

**ONE PRUDENTIAL CIRCLE  
MAIL STOP 502  
SUGAR LAND TX 77478-3833**

2. Principal Place of Business

**21 56 Livingston Ave.**

Suite, Apt. #, etc.

**22**

City & State

**23 Roseland, NJ**

Zip

**24 07068**

Country

**25 USA**

2a. Mailing Address

**26 56 Livingston Ave.**

Suite, Apt. #, etc.

**27**

**Mailstop 431**

City & State

**28 Roseland, NJ**

Zip

**29 07068**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**STATE OF FLORIDA TREASURER & INSURANCE  
COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399-0300**

3. Date Incorporated or Qualified

**08/26/1993**

3a. Date of Last Report

**11/12/1996**

4. FEI Number

**73-1428590**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature removed when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCD** ☒ DELETE  
NAME **LACY, ROLLIND L**  
STREET ADDRESS **ONE PRUDENTIAL CIRCLE, MAIL STOP 500**  
CITY-ST-ZIP **SUGAR LAND TX 77478**

TITLE **VS** ☐ DELETE  
NAME **MILLER, MARY J.**  
STREET ADDRESS **ONE PRUDENTIAL CIRCLE, MAIL STOP B200**  
CITY-ST-ZIP **SUGAR LAND TX 77478**

TITLE **TD** ☐ DELETE  
NAME **HENDERSON, MICHAEL R**  
STREET ADDRESS **ONE PRUDENTIAL CIRCLE, MAIL STOP 500**  
CITY-ST-ZIP **SUGAR LAND TX 77478**

TITLE **V/D** ☒ DELETE  
NAME **MURRELL, WARREN P JR**  
STREET ADDRESS **ONE PRUDENTIAL CIRCLE**  
CITY-ST-ZIP **SUGAR LAND TX 77478**

TITLE **VD** ☐ DELETE  
NAME **CASSITY, JAMES W**  
STREET ADDRESS **ONE PRUDENTIAL CIRCLE, MAIL STOP 500**  
CITY-ST-ZIP **SUGAR LAND TX 77478**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **T** ☐ Change ☒ Addition  
1.2 NAME **Brown Lee, Joanne M.**  
1.3 STREET ADDRESS **56 Livingston Ave, Mailstop 431**  
1.4 CITY-ST-ZIP **Roseland, NJ 07068**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **Pope, Cheryl B.**  
2.3 STREET ADDRESS **3800 Canoca Ave.**  
2.4 CITY-ST-ZIP **Woodland Hills, CA 92367**

3.1 TITLE **V/D** ☒ Change ☐ Addition  
3.2 NAME **Henderson, Michael R.**  
3.3 STREET ADDRESS **One Prudential Circle, Mailstop 500**  
3.4 CITY-ST-ZIP **Sugar Land, TX 77478**

4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **Ludlam, Harvey F.**  
4.3 STREET ADDRESS **2859 Paces Ferry Rd.**  
4.4 CITY-ST-ZIP **Atlanta, GA**

5.1 TITLE **P/C/D** ☒ Change ☐ Addition  
5.2 NAME **Cassity, James W.**  
5.3 STREET ADDRESS **One Prudential Circle, Mailstop 500**  
5.4 CITY-ST-ZIP **Sugar Land, TX 77478**

6.1 TITLE **D** ☐ Change ☒ Addition  
6.2 NAME **Scott, Gregory W.**  
6.3 STREET ADDRESS **56 Livingston Ave.**  
6.4 CITY-ST-ZIP **Roseland, NJ 07068**

14. I do 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

*Cheryl B. Pope*

*5-12-97*

CR2E034 (9/96)

**FILED**  
**Jun 04 1997 8:00am**  
**Secretary of State**

