


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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000003893 (5)**
1. Corporation Name
PRUDENTIAL UNIFORMED SERVICES ADMINISTRATORS, INC.
C.

Principal Place of Business
**56 LIVINGSTON AVE
ROSELAND NJ 07068
US**

Mailing Address
**56 LIVINGSTON AVE
MAILSTOP 431
ROSELAND NJ 07068
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/26/1993	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 73-1428590	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STATE OF FLORIDA TREASURER & INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399-0300				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	Comptroller
NAME	BROWN, LEE J	1.2 NAME	James Michael Mench
STREET ADDRESS	56 LIVINGSTON AVE, MAILSTOP 431	1.3 STREET ADDRESS	56 Livingston Ave, mailstop 417
CITY-ST-ZIP	ROSELAND NJ	1.4 CITY-ST-ZIP	Roseland NJ
TITLE	VS	2.1 TITLE	D
NAME	MILLER, MARY J.	2.2 NAME	Gregory Winfield Scott
STREET ADDRESS	ONE PRUDENTIAL CIRCLE, MAIL STOP B200	2.3 STREET ADDRESS	56 Livingston Ave
CITY-ST-ZIP	SUGAR LAND TX 77478	2.4 CITY-ST-ZIP	Roseland NJ 07068
TITLE	VD	3.1 TITLE	D
NAME	HENDERSON, MICHAEL R	3.2 NAME	Patrick Joseph Geraghty
STREET ADDRESS	ONE PRUDENTIAL CIRCLE, MAIL STOP 500	3.3 STREET ADDRESS	2859 Paces Ferry Road
CITY-ST-ZIP	SUGAR LAND TX	3.4 CITY-ST-ZIP	Atlanta GA 30339
TITLE	D	4.1 TITLE	
NAME	LUDLAM, HARVEY F	4.2 NAME	
STREET ADDRESS	2859 PACES FERRY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	PCD	5.1 TITLE	
NAME	CASSITY, JAMES W	5.2 NAME	
STREET ADDRESS	ONE PRUDENTIAL CIRCLE, MAIL STOP 500	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUGAR LAND TX	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	POPE, CHERYL B	6.2 NAME	
STREET ADDRESS	3800 CANOCA AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS CA	6.4 CITY-ST-ZIP	

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.

SIGNATURE:

James Michael Mench

CR2E034 (10/97)