

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

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000003893**

1. Corporation Name  
**PRUDENTIAL UNIFORMED SERVICES ADMINISTRATORS, INC.**

Principal Place of Business

**56 LIVINGSTON AVE  
ROSELAND NJ 07068  
US**

Mailing Address

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

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

Country

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

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

81 Name

**CORPORATION SERVICE COMPANY**

82 Street Address (P.O. Box Number is Not Acceptable)

**1201 HAYS STREET**

83

84 City

**TALLAHASSEE**

**FL**

85 Zip Code  
**32301**

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

*Laura E. Duff*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

**4-30-99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **T** ☐ DELETE

NAME **BROWN, LEE J**  
STREET ADDRESS **56 LIVINGSTON AVE, MAILSTOP 431**  
CITY-STATE-ZIP **ROSELAND NJ**

TITLE **VS** ☐ DELETE

NAME **MILLER, MARY J.**  
STREET ADDRESS **ONE PRUDENTIAL CIRCLE, MAIL STOP B200**  
CITY-STATE-ZIP **SUGAR LAND TX 77478**

TITLE **VD** ☐ DELETE

NAME **HENDERSON, MICHAEL R**  
STREET ADDRESS **ONE PRUDENTIAL CIRCLE, MAIL STOP 500**  
CITY-STATE-ZIP **SUGAR LAND TX**

TITLE **D** ☐ DELETE

NAME **LUDLAM, HARVEY F**  
STREET ADDRESS **2859 PACES FERRY RD**  
CITY-STATE-ZIP **ATLANTA GA**

TITLE **PCD** ☐ DELETE

NAME **CASSITY, JAMES W**  
STREET ADDRESS **ONE PRUDENTIAL CIRCLE, MAIL STOP 500**  
CITY-STATE-ZIP **SUGAR LAND TX**

TITLE **D** ☐ DELETE

NAME **GERAGHTY, PATRICK J**  
STREET ADDRESS **2859 PACES FERRY ROAD**  
CITY-STATE-ZIP **ATLANTA GA 30339**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

**BROWN LEE, JOANNE**

**10000288251--5**

**-05/07/99--01139--006**

**\*\*\*\*150 00 \*\*\*\*150 00**

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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, with all other like empowered

SIGNATURE:

*Joanne Brown Lee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

973-716-5274

Date

Daytime Phone #

CR2E034 (11/98)

FILED  
99 APR 30 PM 2: 06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
