

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003171

1. Entity Name

PRUDENTIAL DIRECT INC.

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90009 010 \*\*\*150.00

Principal Place of Business

Mailing Address

213 WASHINGTON STREET  
NEWARK NJ 07102

2 OAK WAY  
CONNELL CORPORATE CENTER  
BERKELEY HEIGHTS NJ 07922-2747  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1335671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME KIRK, BRYANT W  
STREET ADDRESS 8 BENTLEY WAY  
CITY-ST-ZIP LONG VALLEY NJ

TITLE PD ☒ Change ☐ Addition  
NAME Kirk, Bryant W  
STREET ADDRESS 213 Washington St  
CITY-ST-ZIP Newark, NJ 07102-3777

TITLE V ☐ Delete  
NAME LAVALLATO, MICHAEL G  
STREET ADDRESS 9 ABRAHAM ROAD  
CITY-ST-ZIP WHITEHOUSE STATION NJ

TITLE VP ☒ Change ☐ Addition  
NAME Lavallato, Michael G  
STREET ADDRESS 2 Oak Way  
CITY-ST-ZIP Berkeley Heights, NJ 07922-2747

TITLE AS ☐ Delete  
NAME GORDON, KIMBERLY M  
STREET ADDRESS 36 GREAT OAK DRIVE  
CITY-ST-ZIP SHORT HILLS NJ

TITLE AS ☒ Change ☐ Addition  
NAME Gordon, Kimberly M  
STREET ADDRESS 213 Washington St  
CITY-ST-ZIP Newark, NJ 07102-3777

TITLE AT ☐ Delete  
NAME CHAPLIN, CHARLES E  
STREET ADDRESS 17 RIDGE RD  
CITY-ST-ZIP SUMMIT NJ 07901

TITLE AT ☒ Change ☐ Addition  
NAME Chaplin, Charles E  
STREET ADDRESS 751 Broad St  
CITY-ST-ZIP Newark, NJ 07102

TITLE D ☐ Delete  
NAME HOWARD, CHRISTINE  
STREET ADDRESS 23 SANDPIPER LANE  
CITY-ST-ZIP SEA BRIGHT NJ 07760

TITLE D ☒ Change ☐ Addition  
NAME Howard, Christine  
STREET ADDRESS 213 Washington St  
CITY-ST-ZIP Newark, NJ 07102-3777

TITLE D ☐ Delete  
NAME KLOBY, ROBERT A  
STREET ADDRESS 18 LORI STREET  
CITY-ST-ZIP SPOTSWOOD NJ

TITLE D ☒ Change ☐ Addition  
NAME Kloby, Robert A  
STREET ADDRESS 765 Broad St  
CITY-ST-ZIP Newark, NJ 07102-3717

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Raymond Goslin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

1/20/2000 973-802-6835