

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90252 049 ***150.00

DOCUMENT # F97000003171

1. Entity Name

Prudential Direct Inc.

Principal Place of Business

213 Washington St.
 Newark, NJ 07102

Mailing Address

200k way
 Connell Corp Center
 Berkeley Heights, NJ
 US 07922-2747

2. Principal Place of Business

3. Mailing Address

213 Washington St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8th FL Tax

City & State

City & State

NEWARK, NJ

4. FEI Number

58-1335671

Applied For

Not Applicable

Zip

Country

Zip

Country

07102-3777

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0068447

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT 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	PP	Kirk, Bryant W.	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		213 Washington St	
CITY-ST-ZIP		NEWARK, NJ 07102-3777	
TITLE	VP/D	Lavallato, Michael G.	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		200k way	
CITY-ST-ZIP		Berkeley Heights, NJ 07922-2747	
TITLE	AS	Gordon, Kimberly M.	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		213 Washington St.	
CITY-ST-ZIP		NEWARK, NJ 07102-3777	
TITLE	AT	Chaplin, Charles	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		751 Broad St.	
CITY-ST-ZIP		NEWARK, NJ 07102	
TITLE	D	Howard, Christine	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		213 Washington St.	
CITY-ST-ZIP		NEWARK, NJ 07102-3777	
TITLE	D	Kloby, Robert A.	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		765 Broad St.	
CITY-ST-ZIP		NEWARK, NJ 07102-3717	

TITLE	PP	Kalen, Michael L.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		213 Washington St.	
CITY-ST-ZIP		NEWARK, NJ 07102-3777	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Sec	Gurda, Robert F.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		213 Washington St.	
CITY-ST-ZIP		NEWARK, NJ 07102-3777	
TITLE			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		751 Broad St	
CITY-ST-ZIP		NEWARK, NJ 07102	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2001

Date

973-802-6835

Daytime Phone #

CRZE034 (9/99)