

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003958

FILED
Jan 11, 2006
Secretary of State

Entity Name: PRUDENTIAL MULTIFAMILY MORTGAGE, INC.

Current Principal Place of Business:

1593 SPRING HILL RD., #400
VIENNA, VA 22182

New Principal Place of Business:

Current Mailing Address:

213 WASHINGTON STREET
8TH FLOOR
NEWARK, NJ 07102

New Mailing Address:

FEI Number: 54-1561741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CHAPLIN, EDWARD C
Address: 751 BROAD ST.
City-St-Zip: NEWARK, NJ 07102

Title: AC () Delete
Name: FIORE, DOMINIC
Address: 213 WASHINGTON ST.
City-St-Zip: NEWARK, NJ 07102

Title: AT () Delete
Name: DELANEY, LAURA
Address: 751 BROAD ST.
City-St-Zip: NEWARK, NJ 07102

Title: AS () Delete
Name: KELLY, JOHN
Address: 100 MULBERRY ST.
City-St-Zip: NEWARK, NJ 07102

Title: V () Delete
Name: RUFFIN, THOMAS
Address: 100 MULBERRY ST.
City-St-Zip: NEWARK, NJ 07102

Title: D () Delete
Name: TWARDOCK, DAVID
Address: 100 MULBERRY ST.
City-St-Zip: NEWARK, NJ 07102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AC (X) Change () Addition
Name: NOWAKOWSKI, CAROL
Address: 213 WASHINGTON ST.
City-St-Zip: NEWARK, NJ 07102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL NOWAKOWSKI

AC

01/11/2006

Electronic Signature of Signing Officer or Director

_____ Date