

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003197

FILED
May 01, 2009
Secretary of State

Entity Name: PRUCO SECURITIES, LLC

Current Principal Place of Business:

213 WASHINGTON ST.
NEWARK, NJ 07102

New Principal Place of Business:

Current Mailing Address:

213 WASHINGTON ST.
NEWARK, NJ 07102

New Mailing Address:

FEI Number: 22-1211670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: DMGR () Delete
Name: AVERY, JAMES J
Address: 213 WASHINGTON ST.
City-St-Zip: NEWARK, NJ 07102

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

Title: DMGR () Delete
Name: FRAWLEY, KEVIN B
Address: 213 WASHINGTON ST.
City-St-Zip: NEWARK, NJ 07102

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

Title: CEO () Delete
Name: GORDON, JOHN
Address: 213 WASHINGTON ST.
City-St-Zip: NEWARK, NJ 07102

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

Title: DMGR () Delete
Name: GREENE, JOHN W
Address: 844 ALLISON POINTE BLVD
City-St-Zip: INDIANAPOLIS, IN 46250

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

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

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

Title: D () Delete
Name: ODENATH, DAVID R
Address: 3 GATEWAY CENTER
City-St-Zip: NEWARK, NJ 07102

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID CAMPEN

AC

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date