

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003197

Entity Name: PRUCO SECURITIES, LLC

FILED
Apr 13, 2012
Secretary of State

Current Principal Place of Business:

751 BROAD ST
NEWARK, NJ 07102

New Principal Place of Business:

751 BROAD STREET
NEWARK, NJ 071023714 US

Current Mailing Address:

751 BROAD ST
NEWARK, NJ 07102

New Mailing Address:

751 BROAD STREET
NEWARK, NJ 071023714 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: AVERY, JAMES J MGR
Address: 213 WASHINGTON ST., WASH 16
City-St-Zip: NEWARK, NJ 071022917 US

Title: MGR
Name: GORDON, JOHN G MGR
Address: 213 WASHINGTON ST., WASH 16
City-St-Zip: NEWARK, NJ 071022917 US

Title: MGR
Name: GREENE, JOHN W MGR
Address: 213 WASHINGTON ST., WASH 16
City-St-Zip: NEWARK, NJ 071022917 US

Title: MGR
Name: HUG, MARK ANTHONY MGR
Address: 213 WASHINGTON ST., WASH 16
City-St-Zip: NEWARK, NJ 071022917 US

Title: MGR
Name: PELLETIER, STEPHEN MGR
Address: 1 CORPORATE DR
City-St-Zip: SHELTON, CT 064846208 US

Title: MGR
Name: VOELKER, MATTHEW J MGR
Address: 2998 DOUGLAS BLVD, STE 200 2ND
City-St-Zip: ROSEVILLE, CA 956614211 US

I hereby 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: DARETH JEFFERS

POA

04/13/2012

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