

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01441

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: PRUDENTIAL RELOCATION, INC.

**Current Principal Place of Business:**

16260 N. 71ST STREET  
SCOTTSDALE, AZ 85254 US

**New Principal Place of Business:**

**Current Mailing Address:**

213 WASHINGTON ST  
8 FLOOR - TAX  
NEWARK, NJ 07102 US

**New Mailing Address:**

FEI Number: 84-0913622      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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: PD ( ) Delete  
Name: MARSHALL, MARGERY  
Address: 3333 MICHELSON DR  
City-St-Zip: IRVINE, CA 92612

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

Title: S ( ) Delete  
Name: WASENIUS, MICHAEL  
Address: 200 SUMMIT LAKE DR  
City-St-Zip: VALHALLA, NY 10595

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

Title: AC ( ) Delete  
Name: PAVLOU, JANICE  
Address: 213 WASHINGTON ST  
City-St-Zip: NEWARK, NJ 07102

Title: AS ( ) Delete  
Name: SCHALLER, SUSANNE  
Address: 3333 MICHELSON DR  
City-St-Zip: IRVINE, CA 92612

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LEE, EARL W  
Address: 16260 N 71ST STREEET  
City-St-Zip: SCOTTSDALE, AZ 85254

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:

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 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

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date