

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01481

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: PRUDENTIAL AGRICULTURAL CREDIT, INC.

## Current Principal Place of Business:

801 WARRENVILLE RD.  
SUITE 600  
LISLE, IL 60532 US

## New Principal Place of Business:

## Current Mailing Address:

213 WASHINGTON STREET  
8TH FLOOR, TAX DEPT  
NEWARK, NJ 071023777

## New Mailing Address:

FEI Number: 62-1173951      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: T ( ) Delete  
Name: CHAPLIN, CHARLES E  
Address: 751 BROAD ST  
City-St-Zip: NEWARK, NJ 07102

Title: P ( ) Delete  
Name: MENEELY, JOHN H  
Address: 801 WARRENVILLE RD  
City-St-Zip: LISLE, IL 605321396

Title: VP ( ) Delete  
Name: NITZ, JOHN  
Address: 801 WARRENVILLE ROAD, SUITE 600  
City-St-Zip: LISLE, IL 605321396

Title: S ( ) Delete  
Name: MORGAN, PHILLIP D  
Address: 2 RAVINA DRIVE  
City-St-Zip: ATLANTA, GA 303462103

Title: AT ( ) Delete  
Name: PAVLOU, JANICE  
Address: 213 WASHINGTON ST  
City-St-Zip: NEWARK, NJ 071023777

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: JACOB, BERNARD J  
Address: 751 BROAD ST  
City-St-Zip: NEWARK, NJ 07102

Title: P (X) Change ( ) Addition  
Name: ALLISON, CHARLES E  
Address: 201 S ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32801

Title: VP D (X) Change ( ) Addition  
Name: NITZ, JOHN G  
Address: 801 WARRENVILLE ROAD, SUITE 600  
City-St-Zip: LISLE, IL 605321396

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: JANICE PAVLOU

AC

04/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date