

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02357

1. Corporation Name

PRUDENTIAL-BACHE ENERGY PRODUCTION INC.

Principal Place of Business

ONE SEAPORT PLAZA
16TH FLOOR
NEW YORK NY 10292-0116
US

Mailing Address

LAW K. MAGUIRE
ONE SEAPORT PLAZA-199 WATER ST
NEW YORK NY 10292-0129
US

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90061 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1984

4. FEI Number

13-3159657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPC	<input type="checkbox"/> DELETE
NAME	MARTIN, BRIAN J.	
STREET ADDRESS	ONE SEAPORT PLAZA-199 WATER ST	
CITY-ST-ZIP	NEW YORK NY 10292	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FINNELL, LISA J.	
STREET ADDRESS	ONE SEAPORT PLAZA	
CITY-ST-ZIP	NEW YORK NY 10292	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIORDANO, FRANK	
STREET ADDRESS	ONE SEAPORT PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAIO, NATHALIE	
STREET ADDRESS	ONE SEAPORT PLAZA- 199 WATER ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	CFOV	<input type="checkbox"/> DELETE
NAME	BROOKS, BARBARA J.	
STREET ADDRESS	ONE SEAPORT PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FINN, JOSEPH	
STREET ADDRESS	ONE NEW YORK PLAZA (5/10)	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Secretary
2.3 STREET ADDRESS	Paul Waldman
2.4 CITY-ST-ZIP	One Seaport Plaza
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	New York, N.Y. 10292
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Waldman - Secretary

April 13 1999

Date

Daytime Phone #

212 214 6429

CR2E034 (1/98)