2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P02357

1. Entity Name
PRUDENTIAL-BACHE ENERGY PRODUCTION INC.

Principal Place of Business	Mailing Address
ONE SEAPORT PLAZA 28TH FLOOR NEW YORK, NY 10292-0116 US	199 WATER ST LAW DEPT. K. MAGUIRE ONE SEAPORT PLAZA-31ST FLOOR NEW YORK, NY 10292-0131 US

04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3159657
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000159812
05/11/04-80004-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	DCOB
NAME	MARTIN, BRIAN J.
STREET ADDRESS	ONE SEAPORT PLAZA-199 WATER ST
CITY-ST-ZIP	NEW YORK, NY 10292
TITLE	S
NAME	WALDMAN, PAUL
STREET ADDRESS	ONE SEAPORT PLAZA
CITY-ST-ZIP	NEW YORK, NY 10292
TITLE	DCFO
NAME	WEINREO, STEVEN
STREET ADDRESS	ONE SEAPORT PLAZA 199 WATER ST.
CITY-ST-ZIP	NEW YORK, NY 10292
TITLE	PD
NAME	PISKOROWSKI, CHESTER A
STREET ADDRESS	ONE SEAPORT PLAZA
CITY-ST-ZIP	NEW YORK, NY 10292
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert A Bozzomo Vice Pres - Tax Dept 4/07/04 (973) 802-4246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #