

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90163 019 ***150.00

DOCUMENT # P02357	
1. Entity Name PRUDENTIAL-BACHE ENERGY PRODUCTION INC.	



Principal Place of Business ONE SEAPORT PLAZA 28TH FLOOR NEW YORK, NY 10292-0116 US	Mailing Address 199 WATER ST LAW DEPT. K. MAGUIRE ONE SEAPORT PLAZA-31ST FLOOR NEW YORK, NY 10292-0131 US
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2. Principal Place of Business		3. Mailing Address <i>213 Washington St.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Newark, NJ 07102</i>	
Zip	Country	Zip <i>07102</i>	Country

40067606



04062005 Chg-P CR2E034 (10/03)

4. FEI Number 13-3159657	Applied For <input type="checkbox"/> Not Applicable
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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		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCOB MARTIN, BRIAN J. ONE SEAPORT PLAZA-199 WATER ST NEW YORK, NY 10292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WALDMAN, PAUL ONE SEAPORT PLAZA NEW YORK, NY 10292 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Steven Weinreb One Seaport Plaza-199 Water St. New York, NY 10292</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCFO WEINREO, STEVEN ONE SEAPORT PLAZA 199 WATER ST. NEW YORK, NY 10292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>V.P. Tax Robert Szuhany 213 Washington St Newark, NJ 07102</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PISKOROWSKI, CHESTER A ONE SEAPORT PLAZA NEW YORK, NY 10292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 (ke empowered.

SIGNATURE:

Robert Szuhany
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/05 (973) 802-4246