

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

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PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

59 APR -8 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P04543
1. Corporation Name
THE PRUDENTIAL REALTY GROUP, INC.

Principal Place of Business: PRUDENTIAL PLAZA NEWARK NJ 07102
Mailing Address: PRUDENTIAL PLAZA NEWARK NJ 07102

3. Date Incorporated or Qualified: 12/31/1984
4. FEI Number: 22-2540245
5. Certificate of Status Desired: [] Applied For Not Applicable \$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

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TALLAHASSEE FL 32301

81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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 is required when registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CAULFIELD, E. MICHAEL	
STREET ADDRESS	PRUDENTIAL PLAZA	
CITY-ST-ZIP	NEWARK NJ 07102	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GREENE, JONATHAN M	
STREET ADDRESS	PRUDENTIAL PLAZA	
CITY-ST-ZIP	NEWARK NJ 07102	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CAVANAUGH, MARY L	
STREET ADDRESS	PRUDENTIAL PLAZA	
CITY-ST-ZIP	NEWARK NJ 07102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRANGFELD, JOHN R	
STREET ADDRESS	8 CAMPUS DRIVE	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	John R. Strangfeld, Jr.	
13 STREET ADDRESS	8 Campus Drive	
14 CITY-ST-ZIP	Parsippany, NJ 07054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	VPD	
22 NAME	Bernard B. Winograd	
23 STREET ADDRESS	8 Campus Drive	
24 CITY-ST-ZIP	Parsippany, NJ 07054	
31 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	William V. Healey	
33 STREET ADDRESS	Prudential Plaza	
34 CITY-ST-ZIP	Newark, NJ 07102	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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: *William V. Healey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99 973(802)2991

CR2E034 (1/198)