

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90025 019 ***150.00

80021732

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04543			
1. Entity Name The Prudential Investment Corporation			
Principal Place of Business Prudential Plaza Newark, NJ 07102		Mailing Address	
2. Principal Place of Business		3. Mailing Address 213 Washington St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Tax - 8th Fl.	
City & State		City & State Newark, NJ	
Zip	Country	Zip	Country
		07102-3777	US
6. Name and Address of Current Registered Agent Corporation Service Company 1201 Hays Street Tallahassee, FL 32301		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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Strangfeld, John R., Jr.		NAME	
STREET ADDRESS 8 Campus Dr.		STREET ADDRESS 3 Gateway Center	
CITY-ST-ZIP Parsippany, NJ 07054		CITY-ST-ZIP Newark, NJ 07102-4000	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Winograd, Bernard E.		NAME	
STREET ADDRESS 8 Campus Dr.		STREET ADDRESS	
CITY-ST-ZIP Parsippany, NJ 07054		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE S/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Healey, William V.		NAME	
STREET ADDRESS Prudential Plaza		STREET ADDRESS 3 Gateway Center	
CITY-ST-ZIP Newark, NJ 07102		CITY-ST-ZIP Newark, NJ 07102-4000	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Strangfeld, John R., Jr.		NAME	
STREET ADDRESS 8 Campus Dr.		STREET ADDRESS	
CITY-ST-ZIP Parsippany, NJ 07054		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Russo, Phillip N.	
STREET ADDRESS		STREET ADDRESS 3 Gateway Center	
CITY-ST-ZIP		CITY-ST-ZIP Newark, NJ 07102-4000	
TITLE	<input type="checkbox"/> Delete	TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Chaplin, Charles E.	
STREET ADDRESS		STREET ADDRESS 751 Broad St.	
CITY-ST-ZIP		CITY-ST-ZIP Newark, NJ 07102-3777	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janice Boulou, Assistant Comptroller* 2/2/2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)