

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90236 003 \*\*\*150.00

**DOCUMENT # P04543**

1. Entity Name  
**THE PRUDENTIAL REALTY GROUP, INC.**

Principal Place of Business <b>PRUDENTIAL PLAZA          NEWARK NJ 07102</b>	Mailing Address <b>213 WASHINGTON ST          TAX - 8TH FL          NEWARK NJ 07102</b>
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>22-2540245</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

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, 2001 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	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>STRANGFELD, JOHN R JR</b>	
STREET ADDRESS <b>3 GATEWAY CENTER</b>	
CITY-ST-ZIP <b>NEWARK NJ 07102</b>	
TITLE <b>VPD</b>	<input type="checkbox"/> Delete
NAME <b>WINOGRAD, BERNARD B</b>	
STREET ADDRESS <b>8 CAMPUS DRIVE</b>	
CITY-ST-ZIP <b>PARSIPPANY NJ 07054</b>	
TITLE <b>SV</b>	<input type="checkbox"/> Delete
NAME <b>HEALEY, WILLIAM V</b>	
STREET ADDRESS <b>3 GATEWAY CENTER</b>	
CITY-ST-ZIP <b>NEWARK NJ 07102</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>STRANGFELD, JOHN R</b>	
STREET ADDRESS <b>8 CAMPUS DRIVE</b>	
CITY-ST-ZIP <b>PARSIPPANY NJ 07054</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>PHILLIP, RUSSO N</b>	
STREET ADDRESS <b>3 GATEWAY CENTER</b>	
CITY-ST-ZIP <b>NEWARK NJ 07102</b>	
TITLE <b>T</b>	<input type="checkbox"/> Delete
NAME <b>CHAPLIN, CHARLES E</b>	
STREET ADDRESS <b>751 BROAD ST</b>	
CITY-ST-ZIP <b>NEWARK NJ 07102</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD/CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Strangfeld, John R.</b>	
STREET ADDRESS <b>3 Gateway Center</b>	
CITY-ST-ZIP <b>Newark, NJ 07102</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Winograd, Bernard B</b>	
STREET ADDRESS <b>8 Campus Drive</b>	
CITY-ST-ZIP <b>Parsippany, NJ 07054</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>James J. Sullivan</b>	
STREET ADDRESS <b>2 Gateway Center</b>	
CITY-ST-ZIP <b>Newark, NJ 07102</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Dominic Fiore **Dominic Fiore** 4/26/01 973-802-3571  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)