FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jul 08, 2002 8:00 am Secretary of State 05-27-2002 90395 016 ***150.00

The PRUSENTIAL LIVESTMENT MANAGEMENT					38007		
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business VILVOENTIAL PLAZA 3. Mailing Address ASA 213 WASA Suite An Factor Suite An Factor Suite An Factor			Lington St	upton St.			
75/ City & St	75 1 Store Street 3th 57. 7			A FEI Num	DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For		
Ne	Country 10	NE WARK	Country	22	- 2540245	Not Applicable	
^{zip} 07	102 30,118	07/02	us .		to of Status Desired Address of Current Registered	\$8.75 Additional Fee Required	
	DO NOT WRITE IN THIS SPACE			Name LORPO RATION SELVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 130 / HMK ST.			
			City	21 / SHALL		Zip Code	
8. The abov	re named entity submits this statement			purioth	- <u> </u>		
Tax filing (See crite	poration is eligible to satisfy its Intangit: requirement and elects to do so, eria on back)	January 1 M After May Amende Make Check Payab	lay 1 Fee la \$150, 1 Fee la \$550.00 1 UBR la \$61.25	00 10. E	lection Campaign Financing rust Fund Contribution.	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN R. STRANGFE 3 GATEWAY CENTE NEWARK, NT 07		TITLE NAME STREET ADDRESS CITY-ST-7P				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BERNATO E. WIND		ITTLE KAME STREET ADDRESS CITY ST - ZIP			CR2E0	
TITLE NAMÉ – STREET ADDRESS	SECLETARY WILLIAM V. HEMEY -36 MEDIAY CENTER	MAME STREET ADDRESS		n value Apple - come to			
CITY-ST-ZIP TITLE	NEWARK NS 0910	CITY-ST-ZIP	ט	DO NOT WRITE			
NAME STREET ADDRESS CITY: ST: ZIP	CHARLES E. CHARIN 157 BLOND STREET NEWARK, NEW JERS	NAME STREET ADDRESS CITY-SJ-ZIP	ll.	N THIS SPAC	E		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. COMPTROLLED DOMINIC FIORE 213 WASHINGTON ST.	TITLE NAME STREET ADDRESS CITY ST. 789					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARST CONFTROLLER TANICE F. PAYLOW 213 WASHINGTON NEWALL, NT 0216	THILE: NAME STREET ADDRESS CITY-ST-7IP		i i i i i i i i i i i i i i i i i i i			
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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under each; 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 on an attachment with an address, with all other like empowered.							
SIGNATURE: SCHATUBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOOR TO THE PHONE OF SIGNING OFFICER OR DIRECTOR							



Attachment 35057

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

June 3, 2002

PRUDENTIAL INVESTMENT MANAGEMENT, INC. 213 WASHINGTON ST 8TH FL - TAX DEPT NEWARK, NJ 07102

Subject: PRUDENTIAL INVESTMENT MANAGEMENT, INC.

Reference Number.

P04543

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

NOTE AND MEDICAL AND MAN

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

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ANNUAL REPORTS SECTION

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