

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90389 050 ***150.00



DOCUMENT # P04543
 1. Entity Name
PRUDENTIAL INVESTMENT MANAGEMENT, INC.

Principal Place of Business Mailing Address
PRUDENTIAL PLAZA **213 WASHINGTON ST**
751 BROAD STREET **TAX - 8TH FL**
NEWARK, NJ 07102 **NEWARK, NJ 07102**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04222004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
22-2540245 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------------|
| TITLE | P <input type="checkbox"/> Delete |
| NAME | STRANGFELD, JOHN R |
| STREET ADDRESS | 3 GATEWAY CENTER |
| CITY-ST-ZIP | NEWARK, NJ 07102 |
| TITLE | V <input type="checkbox"/> Delete |
| NAME | WINOGRAD, BERNARD B |
| STREET ADDRESS | 8 CAMPUS DRIVE |
| CITY-ST-ZIP | PARSIPPANY, NJ 07054 |
| TITLE | S <input type="checkbox"/> Delete |
| NAME | HEALEY, WILLIAM V |
| STREET ADDRESS | 3 GATEWAY CENTER |
| CITY-ST-ZIP | NEWARK, NJ 07102 |
| TITLE | AC <input type="checkbox"/> Delete |
| NAME | FIORE, DOMINIC |
| STREET ADDRESS | 213 WASHINGTON ST |
| CITY-ST-ZIP | NEWARK, NJ 07102 |
| TITLE | AC <input type="checkbox"/> Delete |
| NAME | PAVLOU, JANICE |
| STREET ADDRESS | 213 WASHINGTON ST |
| CITY-ST-ZIP | NEWARK, NJ 07102 |
| TITLE | T <input type="checkbox"/> Delete |
| NAME | CHAPLIN, CHARLES E |
| STREET ADDRESS | 751 BROAD ST |
| CITY-ST-ZIP | NEWARK, NJ 07102 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| 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 | |
| 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 | |

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 like empowered.

SIGNATURE: *Janice Pavlou* *Janice Pavlou* *4/23/04*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #