## FILED Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90389 050 \*\*\*150.00 2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P04543

PRIDENTIAL PLAZA 213 WASHINGTON ST 1714 - SMITH NETHARK, NI 07102  2. Fincipal Place of Bourness  Suite, Apr. 4, etc.  Suite, Apr. 4, e	PRUDEN	ITIAL INVESTMENT MANAC	TORUN .						
Sulta, Apt. 4, etc.    Sulta, Apt. 4, etc.   Sulta, Apt. 4, etc.   Sulta, Apt. 4, etc.   Applied for	PRUDENTIAL PLAZA 213 WASHINGTON ST 751 BROAD STREET TAX - 8TH FL					1 NIX NJ. BIJIH NJ. 270 (127)	# M{	(3)	7 <b>38</b> ) 41 1 <b>38</b> ]
City & State  Secret Address of Current Registered Agent  7. Name and Address of New Registered  8. The Address of New Registered Agent  7. Name and Address of New Registered  8. The Address of New Registered Agent  9. Pectode  9.	2. Principal Place of Business		3. Mailing Address						
22.2540245   S. Ortificate of Status Deared   S8.75 Acceptance   S8.	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222004	Chg-P	CR2E034	(10/03)	
S. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  T. Name and Addre	City & State		City & State			<del></del> 45			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISIAND ROAD PLANTATION, FL 33324    City   FL   Zip Code	Zip	Country	Zip	Country	5. Certificate of S				
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		6. Name and Address of Current	7. Name and Add	dress of New Re	gistered Ag	en <u>t</u>			
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am harriflar with, and accept the orbigatores of registered agent.  SIGNATURE			Name	<u> </u>					
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Comparison of registered agent.   Comparison of registered agent.	PLANTATI	ION, FL 33324					,, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	<del></del> .	
the obligations of registered agent.    Signature   Si			City			FL	Zip Code	,	
### PILE NOW!!! FEE IS \$150.00 ### After May 1, 2004 Fee will be \$550.00 ### After May 1, 2004 Fee will be \$550.00 ### After May 1, 2004 Fee will be \$550.00 ### Added to Fees    1.			r the purpose of changing its	s registered office or regist	tered agent, or both, in	the State of Flor	ida. I am fan	niliar with, a	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  10. OFFICERS AND DIRECTORS	SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature requi	ired when reinstating)		DATE		
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11    TITLE   P									
TITLE NAME NAME STREAT ADDRESS CITY- ST-ZIP TITLE V STREAT ADDRESS STREAT ADDR	After M	ay 1, 2004 Fee will be \$550.0	OO Trust Fund Con	ntribution. A	dded to Fees				
NAME STREAT ADDRESS OLTY-ST-ZIP NEWARK, NJ 07102  TITLE V	<del></del>			<del>1</del>	ADDITIONS/CH/	ANGES TO OFFIC			
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TITLE WINOGRAD, BERNARD B SIRET ADDRESS GITY-ST-ZIP  TITLE S CITY-ST-ZIP NAME HEALEY, WILLIAM V SIRET ADDRESS GITY-ST-ZIP SIRET ADDRESS GITY-S		3 GATEWAY CENTER							ļ
NAME STREET ADDRESS 6 CAMPUS DRIVE PARSIPPANY, NJ 07054  STREET ADDRESS CITY-ST-ZIP  NAME HEALEY, WILLIAM V STREET ADDRESS CITY-ST-ZIP  NAME HEALEY, WILLIAM V STREET ADDRESS CITY-ST-ZIP  NEWARK, NJ 07102  STREET ADDRESS CITY-ST-ZIP  NAME FIORE, DOMINIC NAME FIORE, DOMINIC STREET ADDRESS CITY-ST-ZIP  NEWARK, NJ 07102  CITY-ST-ZIP  NEWARK, NJ 07102  STREET ADDRESS CITY-ST-ZIP  NEWARK, NJ 07102  CITY-ST-ZIP  NEWARK, NJ 07102  CITY-ST-ZIP  NAME PAVLOU, JANICE NAME PAVLOU, JANICE STREET ADDRESS CITY-ST-ZIP  NEWARK, NJ 07102  CITY-ST-ZIP  NAME CHAPLIN, CHARLES E STREET ADDRESS CITY-ST-ZIP  NEWARK, NJ 07102  CITY-ST-ZIP  NAME  CHAPLIN, CHARGES  CITY-ST-ZIP  NAME  CHAPLIN, CHARGES  CITY-ST-ZIP  NAME  CHAPLIN, CHARGES  CITY-ST-ZIP  NAME  CHAPLIN, CHARGES  CITY-ST-ZIP  NAME  CHAPLIN ADDRESS  CITY-ST-ZIP  NAME  CHAPLIN ADDRESS  CITY-ST-ZIP  NAME  CHAPLIN ADDRESS  CITY-ST-ZIP  NAME  CHAPLIN ADRESS  CITY-ST-ZIP  NAME  CHAPLIN ADRESS  CITY-ST-ZIP  NAME  CHAPLIN ADRESS  CITY-ST-ZIP  NAME  CHAPLES  CITY-ST-ZIP  NAME  CHAPLI	<del></del>					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Channe	☐ Addition
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STREET ADDRESS CITY-ST-ZIP NEWARK, NJ 07102  TITLE T CHAPLIN, CHARLES E STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NEWARK, NJ 07102  TO 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:	l	F T T	☐ Delete					Change	Addition
CITY-ST-ZIP  NEWARK, NJ 07102  CITY-ST-ZIP  TITLE  T CHAPLIN, CHARLES E  STREET ADDRESS CITY-ST-ZIP  NEWARK, NJ 07102  CITY-ST-ZIP  NEWARK, NJ 07102  CITY-ST-ZIP  NEWARK, NJ 07102  CITY-ST-ZIP  NEWARK, NJ 07102  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:									
NAME STREET ADDRESS CITY-ST-ZIP NEWARK, NJ 07102  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:	1	Y	,	CITY-ST-ZIP					
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:	1	'	☐ Delete	4			C	] Change	Addition
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SIGNATURE: Adrice Pavlou Tanice Pavlou 1/23/04	indicated of the cor	d on this report or supplemental report is rporation or the receiver or trustee empo	s true and accurate and that owered to execute this report	my signature shall have the t as required by Chapter 6	re same legal effect as	s if made under o	ath: that I am	an officer of	or director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daying Phone #		TURE: AQUE	e towlow	Monice	Pavlou	1/23	/OX		