

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90066 038 \*\*\*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**

40107100



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04302007 Chg-P CR2E034 (12/06)

City & State City & State  
 Zip Country Zip Country

4. FEI Number Applied For  
**22-2540245** Not Applicable

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDCE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WINOGRAD, BERNARD B		NAME		
STREET ADDRESS	3 GATEWAY CENTER		STREET ADDRESS		
CITY-ST-ZIP	NEWARK, NJ 07102		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	APPLEBY, PAUL E		NAME		
STREET ADDRESS	2 GATEWAY CENTER		STREET ADDRESS		
CITY-ST-ZIP	NEWARK, NJ 07102		CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEALEY, WILLIAM V		NAME		
STREET ADDRESS	3 GATEWAY CENTER		STREET ADDRESS		
CITY-ST-ZIP	NEWARK, NJ 07102		CITY-ST-ZIP		
TITLE	AC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOWAKOWSKI, CAROL		NAME		
STREET ADDRESS	213 WASHINGTON ST		STREET ADDRESS		
CITY-ST-ZIP	NEWARK, NJ 07102		CITY-ST-ZIP		
TITLE	AC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAVLOU, JANICE		NAME		
STREET ADDRESS	213 WASHINGTON ST		STREET ADDRESS		
CITY-ST-ZIP	NEWARK, NJ 07102		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Carol Nowakowski* **Assisti. Controller** 5-1-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #