

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04543

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: PRUDENTIAL INVESTMENT MANAGEMENT, INC.

**Current Principal Place of Business:**

PRUDENTIAL PLAZA  
751 BROAD STREET  
NEWARK, NJ 07102

**New Principal Place of Business:**

**Current Mailing Address:**

213 WASHINGTON ST  
TAX - 8TH FL  
NEWARK, NJ 07102

**New Mailing Address:**

FEI Number: 22-2540245      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDCE ( ) Delete  
Name: WINOGRAD, BERNARD B  
Address: 3 GATEWAY CENTER  
City-St-Zip: NEWARK, NJ 07102

Title: VP ( ) Delete  
Name: APPLEBY, PAUL E  
Address: 2 GATEWAY CENTER  
City-St-Zip: NEWARK, NJ 07102

Title: SVP ( ) Delete  
Name: HEALEY, WILLIAM V  
Address: 3 GATEWAY CENTER  
City-St-Zip: NEWARK, NJ 07102

Title: AC ( ) Delete  
Name: NOWAKOWSKI, CAROL  
Address: 213 WASHINGTON ST  
City-St-Zip: NEWARK, NJ 07102

Title: AC ( ) Delete  
Name: PAVLOU, JANICE  
Address: 213 WASHINGTON ST  
City-St-Zip: NEWARK, NJ 07102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL NOWAKOWSKI

AC

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date