

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90555 017 ***150.00

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04072005 Chg-P CR2E034 (10/03)

4. FEI Number **06-1050034** Applied For ☐ Not Applicable ☒

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

DOCUMENT # P06309

1. Entity Name
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY



Principal Place of Business
**900 COTTAGE GROVE ROAD
BLOOMFIELD, CT 06002**

Mailing Address
**900 COTTAGE GROVE ROAD
C/O PAMELA S. WILLIAMS W-15
HARTFORD, CT 06152-5015 US**

2. Principal Place of Business
100 Mulberry St.

3. Mailing Address
213 Washington St.

Suite, Apt. #, etc.
3rd Floor - Tax

City & State
Newark, NJ

City & State
Newark, NJ

Zip
07102

Country
USA

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	D	<input checked="" type="checkbox"/> Delete	TITLE	President.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, HAROLD W		NAME	John Y. Kim	
STREET ADDRESS	280 TRUMBULL STREET		STREET ADDRESS	280 Trumbull Street	
CITY-ST-ZIP	HARTFORD, CT 06103		CITY-ST-ZIP	Hartford, CT, 06103	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACHELEK, STEPHEN		NAME	Carlos M. Arrom	
STREET ADDRESS	280 TRUMBULL STREET		STREET ADDRESS	2 Gateway Center	
CITY-ST-ZIP	HARTFORD, CT 06103		CITY-ST-ZIP	Newark, NJ 07102	
TITLE	ACS	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, PAMELA S		NAME	David J. Castellani	
STREET ADDRESS	900 COTTAGE GROVE RD		STREET ADDRESS	200 Trumbull Street	
CITY-ST-ZIP	HARTFORD, CT 06152		CITY-ST-ZIP	Hartford, CT 06103	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Stephen E. Wielek	
STREET ADDRESS			STREET ADDRESS	200 Wood Ave	
CITY-ST-ZIP			CITY-ST-ZIP	Iselin, NJ 08830	
TITLE		<input type="checkbox"/> Delete	TITLE	Asst. Controller	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Janice Pavlone	
STREET ADDRESS			STREET ADDRESS	213 Washington St.	
CITY-ST-ZIP			CITY-ST-ZIP	Newark, NJ 07102	
TITLE		<input type="checkbox"/> Delete	TITLE	Asst. Controller	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Robert Santorici	
STREET ADDRESS			STREET ADDRESS	213 Washington Street	
CITY-ST-ZIP			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: David J. Castellani - Asst. Controller 4/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #