

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30067

FILED  
May 01, 2009  
Secretary of State

Entity Name: PRUDENTIAL REFERRAL SERVICES, INC.

**Current Principal Place of Business:**

3333 MICHELSON DRIVE  
SUITE 1000  
IRVINE, CA 92612

**New Principal Place of Business:**

**Current Mailing Address:**

213 WASHINGTON STREET  
CORP TAX DIV. 8TH FLOOR  
NEWARK, NJ 071023777

**New Mailing Address:**

FEI Number: 13-3203133      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

Title: AC ( ) Delete  
Name: CAMPEN, DAVID S  
Address: 213 WASHINGTON STREET  
City-St-Zip: NEWARK, NJ 07102

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

Title: ASA ( ) Delete  
Name: MANSUR-BROWN, PATRICIA M  
Address: 3333 MICHELSON DR SUITE 1000  
City-St-Zip: IRVINE, CA 92612

Title: VP ( ) Delete  
Name: DAVIES, DOUGLAS G  
Address: 3333 MICHELSON DR SUITE 1000  
City-St-Zip: IRVINE, CA 92612

Title: P ( ) Delete  
Name: LEE, EARL W  
Address: 3333 MICHELSON DR STE 1000  
City-St-Zip: IRVINE, CA 92612

**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:

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: DAVID CAMPEN

AC

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date