

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P34373 (1)**
1. Corporation Name
THE PRUDENTIAL ASSET MANAGEMENT COMPANY, INC.



Principal Place of Business: **19 PRUDENTIAL PLAZA, 751 BROAD ST, NEWARK NJ 07102-2992, US**
Mailing Address: **71 HANOVER RD., FLORHAM PARK NJ 07932**

3. Date Incorporated or Qualified: **06/19/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **22-2550816**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.:
City & State:
Zip: Country:

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
STE - 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when installing) _____ DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GOSS, MARTHA CLARK	
STREET ADDRESS	PRUDENTIAL PLAZA	
CITY-ST-ZIP	NEWARK NJ	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	CHMELY, ROBERT	
STREET ADDRESS	71 HANOVER ROAD	
CITY-ST-ZIP	FLORHAM PARK NJ	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	CAVANAUGH, MARY L.	
STREET ADDRESS	PRUDENTIAL PLAZA	
CITY-ST-ZIP	NEWARK NJ	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PFINGRAFF, MARTIN	
STREET ADDRESS	PRUDENTIAL PLAZA	
CITY-ST-ZIP	NEWARK NJ	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRASWELL, STEPHEN R	
STREET ADDRESS	PRUDENTIAL PLAZA	
CITY-ST-ZIP	NEWARK NJ	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PISZEL, ANTHONY S	
STREET ADDRESS	71 HANOVER ROAD	
CITY-ST-ZIP	FLORHAM PARK NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAUL LOWENSTEIN	
1.3 STREET ADDRESS	PRUDENTIAL PLAZA	
1.4 CITY-ST-ZIP	NEWARK, NJ	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	C. EDWARD CHAPLIN	
4.3 STREET ADDRESS	PRUDENTIAL PLAZA	
4.4 CITY-ST-ZIP	NEWARK, NJ	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROBERT W. HOKE	
5.3 STREET ADDRESS	PRUDENTIAL PLAZA	
5.4 CITY-ST-ZIP	NEWARK, NJ	
6.1 TITLE	VICE PRESIDENT & COMPTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MICHAEL MANCUSO	
6.3 STREET ADDRESS	71 HANOVER ROAD	
6.4 CITY-ST-ZIP	FLORHAM PARK, NJ	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Mancuso 4/30/96 (201) 966-3270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)