

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 18 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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 07832-1502**

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-28) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **06/19/1991**

3a. Date of Last Report: **05/01/1996**

4. FEI Number: **22-2550816**

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

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 (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>LOWENSTEIN, PAUL</b>	
STREET ADDRESS	<b>PRUDENTIAL PLAZA</b>	
CITY-ST-ZIP	<b>NEWARK NJ</b>	
TITLE	<b>SVP</b>	<input type="checkbox"/> DELETE
NAME	<b>CHMELY, ROBERT</b>	
STREET ADDRESS	<b>71 HANOVER ROAD</b>	
CITY-ST-ZIP	<b>FLORHAM PARK NJ</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>CAVANAUGH, MARY L.</b>	
STREET ADDRESS	<b>PRUDENTIAL PLAZA</b>	
CITY-ST-ZIP	<b>NEWARK NJ</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>CHAPLIN, C. E</b>	
STREET ADDRESS	<b>PRUDENTIAL PLAZA</b>	
CITY-ST-ZIP	<b>NEWARK NJ</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOKE, ROBERT W</b>	
STREET ADDRESS	<b>PRUDENTIAL PLAZA</b>	
CITY-ST-ZIP	<b>NEWARK NJ</b>	
TITLE	<b>VPC</b>	<input type="checkbox"/> DELETE
NAME	<b>MANCUSO, MICHAEL</b>	
STREET ADDRESS	<b>71 HANOVER RD.</b>	
CITY-ST-ZIP	<b>FLORHAM PA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SVP</b>
2.3 STREET ADDRESS	<b>TOMA, JAMES J.</b>
2.4 CITY-ST-ZIP	<b>PRUDENTIAL PLAZA NEWARK, NJ</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D</b>
5.3 STREET ADDRESS	<b>CAULFIELD, E. MICHAEL</b>
5.4 CITY-ST-ZIP	<b>PRUDENTIAL PLAZA NEWARK, NJ</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D</b>
6.3 STREET ADDRESS	<b>STRANGFELD, JOHN R., JR.</b>
6.4 CITY-ST-ZIP	<b>8 CAMPUS DRIVE, PARSIPPANY, NJ</b>

14. I do 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 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 receiver or 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: *Mary L. Cavanaugh* **3/10/97** (201) 802-4779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)