

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

7

66431602



DOCUMENT # P94000079034 1. Entity Name PRISAREIT, INC.					
Principal Place of Business C/O PRUDENTIAL REAL ESTATE INVESTORS 8 CAMPUS DRIVE PARSIPPANY, NJ 07054 US		Mailing Address C/O PRUDENTIAL REAL ESTATE INVESTORS 8 CAMPUS DRIVE PARSIPPANY, NJ 07054 US PRUDENTIAL C/O PREI-LAW DEPT. 8 CAMPUS DRIVE, 4TH FLOOR			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 65-0534345	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY C/O CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLHASSEE, FL 32301	
Country		Country		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. FULL LIST ATTACHED ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WINOGRAD, BERNARD 8 CAMPUS DR. PARSIPPANY, NJ 07054	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLER, CHARLES 2 RAVINIA DR ST 1400 ATLANTA, GA 30346	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM H. ANDERSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HWANG, THOMAS B 4 EMBARCADERO CENTER STE 2700 SAN FRANCISCO, CA 94111	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV -MARCUS, CATHERINE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SMITH, KEVIN R 8 CAMPUS DR PARSIPPANY, NJ 07054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, J. ALLEN 8 CAMPUS DRIVE PARSIPPANY, NJ 07054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHANKLIN, GREGORY D 8 CAMPUS DRIVE PARSIPPANY, NJ 07054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:			Date: 7/12/2004 Daytime Phone #: 9737341374		
_____ Signature and Typed or Printed Name of Signing Officer or Director J. Allen Smith Chairman of the Board and Chief Executive Officer					

Attachment

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PRISAREIT, INC.

Directors

Catherine Marcus 8 Campus Drive, Parsippany, NJ 07054
J. Allen Smith 8 Campus Drive, Parsippany, NJ 07054
Kevin R. Smith 8 Campus Drive, Parsippany, NJ 07054
William H. Anderson 8 Campus Drive, Parsippany, NJ 07054

Officers

J. Allen Smith (see above)
Kevin R. Smith (see above)
Catherine Marcus (see above)
Gregory D. Shanklin
Laura Delaney
Kathleen Hoffman
Darlene Pyontek-Dougherty

Title

Chairman of the Board and Chief Executive Officer
President and Treasurer
Vice President
Secretary 8 Campus Drive, Parsippany, NJ 07054
Assistant Treasurer 751 Broad Street, Newark, NJ 07102
Assistant Treasurer 751 Broad Street, Newark, NJ 07102
Assistant Treasurer 8 Campus Drive, Parsippany, NJ 07054

Attachment

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Prudential  Financial

Jan Borkowski, Legal Assistant
Prudential Investments
Law Department
8 Campus Drive, Parsippany, NJ 07054
Tel 973-734-1515 Fax 973-683-1788
jan.borkowski@prudential.com

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Please find attached the Florida annual tax payment in the amount of \$550.00, due prior to September 8, 2004 for Prisareit, Inc.

Sincerely,

Jan Borkowski



Attachment
6643/602

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 29, 2004

PRISAREIT, INC.
PRUDENTIAL
C/O PREI-LAW DEPT 8 CAMPUS DR 4TH FL
PARSIPPANY, NJ 07054 US

Subject: **PRISAREIT, INC.**

Reference Number: **P94000079034**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the street address of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rg
ANNUAL REPORTS SECTION