
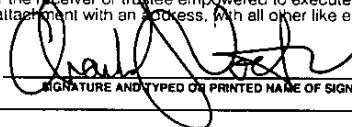


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90355 013 ***150.00

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 PREI - LAW DEPT. 8 CAMPUS DRIVE, 4TH FLOOR PARSIPPANY, NJ 07054 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0534345	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY C/O CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARCUS, CATHERINE		NAME		
STREET ADDRESS	8 CAMPUS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PARSIPPANY, NJ 07054		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON, WILLIAM H		NAME		
STREET ADDRESS	8 CAMPUS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PARSIPPANY, NJ 07054		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHARKLIN, GREGORY D		NAME		
STREET ADDRESS	8 CAMPUS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NEWARK, NJ 07102		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, KEVIN R		NAME		
STREET ADDRESS	8 CAMPUS DR		STREET ADDRESS		
CITY-ST-ZIP	PARSIPPANY, NJ 07054		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, J. ALLEN		NAME		
STREET ADDRESS	8 CAMPUS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PARSIPPANY, NJ 07054		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHANKLIN, GREGORY D		NAME		
STREET ADDRESS	8 CAMPUS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PARSIPPANY, NJ 07054		CITY-ST-ZIP		
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: 		AMANDA J. WEIRICH		4-21-05 973 714-1300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	