


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000079034

1. Entity Name
PRISAREIT, INC.



Principal Place of Business Mailing Address

C/O PRUDENTIAL REAL ESTATE INVESTORS **C/O PRUDENTIAL PREI - LAW DEPT.**
8 CAMPUS DRIVE **8 CAMPUS DRIVE, 4TH FLOOR**
PARSIPPANY, NJ 07054 US **PARSIPPANY, NJ 07054 US**

DO NOT WRITE IN THIS SPACE



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0534345 Not Applicable

5. Certificate of Status Desired **\$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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARCUS, CATHERINE
STREET ADDRESS	8 CAMPUS DRIVE
CITY- ST- ZIP	PARSIPPANY, NJ 07054
TITLE	D
NAME	ANDERSON, WILLIAM H
STREET ADDRESS	8 CAMPUS DRIVE
CITY- ST- ZIP	PARSIPPANY, NJ 07054
TITLE	S
NAME	SHARKLIN, GREGORY D
STREET ADDRESS	8 CAMPUS DRIVE
CITY- ST- ZIP	NEWARK, NJ 07102
TITLE	DT
NAME	SMITH, KEVIN R
STREET ADDRESS	8 CAMPUS DR
CITY- ST- ZIP	PARSIPPANY, NJ 07054
TITLE	DP
NAME	SMITH, J. ALLEN
STREET ADDRESS	8 CAMPUS DRIVE
CITY- ST- ZIP	PARSIPPANY, NJ 07054
TITLE	S
NAME	SHANKLIN, GREGORY D
STREET ADDRESS	8 CAMPUS DRIVE
CITY- ST- ZIP	PARSIPPANY, NJ 07054

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 05/10/06-80089-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary 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: Kevin R. Smith 4/24/06 973-734-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Kevin R. Smith,