

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000079034

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: PRISAREIT, INC.

## Current Principal Place of Business:

C/O PRUDENTIAL REAL ESTATE INVESTORS  
8 CAMPUS DRIVE  
PARSIPPANY, NJ 07054 US

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 65-0534345      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: MARCUS, CATHERINE  
Address: 8 CAMPUS DRIVE  
City-St-Zip: PARSEPPANY, NJ 07054

Title: D      ( ) Delete  
Name: ANDERSON, WILLIAM H  
Address: 8 CAMPUS DRIVE  
City-St-Zip: PARSEPPANY, NJ 07054

Title: S      ( ) Delete  
Name: SHARKLIN, GREGORY D  
Address: 8 CAMPUS DRIVE  
City-St-Zip: NEWARK, NJ 07102

Title: DT      ( ) Delete  
Name: SMITH, KEVIN R  
Address: 8 CAMPUS DR  
City-St-Zip: PARSEPPANY, NJ 07054

Title: DP      ( ) Delete  
Name: SMITH, J. ALLEN  
Address: 8 CAMPUS DRIVE  
City-St-Zip: PARSEPPANY, NJ 07054

Title: S      ( ) Delete  
Name: SHANKLIN, GREGORY D  
Address: 8 CAMPUS DRIVE  
City-St-Zip: PARSEPPANY, NJ 07054

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY SHANKLIN

AS

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date