

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000079034

FILED
Jan 07, 2011
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

OFFICERS AND DIRECTORS:

Title: D
Name: MARCUS, CATHERINE
Address: 8 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: D
Name: ANDERSON, WILLIAM H
Address: 8 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

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

Title: DT
Name: SMITH, KEVIN R
Address: 8 CAMPUS DR
City-St-Zip: PARSIPPANY, NJ 07054

Title: DP
Name: SMITH, J. ALLEN
Address: 8 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

Title: S
Name: SHANKLIN, GREGORY D
Address: 8 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054

I hereby 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 all other like empowered.

SIGNATURE: CATHERINE MARCUS

VP

01/07/2011

Electronic Signature of Signing Officer or Director

_____ Date