2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2020
Secretary of State
0190843041CC

DOCUMENT# F08000003123

Entity Name: PRUDENTIAL ANNUITIES DISTRIBUTORS, INC.

Current Principal Place of Business:

ONE CORPORATE DRIVE
SHELTON, CT 06484

Current Mailing Address:

ONE CORPORATE DRIVE
SHELTON, CT 06484 US

FEI Number: 06-1212909

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title	CEO, PRESIDENT
Name	MULLERY, JAMES F
Address	213 WASHINGTON ST.
City-State-Zip:	NEWARK NJ 07102

Title	TREASURER
Name	SUN, MATTHEW
Address	213 WASHINGTON ST.
City-State-Zip:	NEWARK NJ 07102

Title	VP
Name	GUERRERA, ELIZABETH
Address	1 CORPORATE DRIVE
City-State-Zip:	SHELTON CT 06484

Title	VP
Name	HAGGERTY, SCOTT P
Address	1 CORPORATE DRIVE
City-State-Zip:	SHELTON CT 06484

Title	SECRETARY
Name	BOUCHER, FRANCINE B
Address	3 GATEWAY CENTER
City-State-Zip:	NEWARK NJ 07102

Title	VP
Name	BOUCHER, FRANCINE B
Address	3 GATEWAY CENTER
City-State-Zip:	NEWARK NJ 07102

Title	VP
Name	HAGAN, CHRISTOPHER J
Address	2101 WELSH RD.
City-State-Zip:	DRESHER PA 19025

Title	VP
Name	STONE, LYNN
Address	1 CORPORATE DRIVE
City-State-Zip:	SHELTON CT 06484

Continues on page 2

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: MAGGIE PALEN ASSISTANT SECRETARY 05/31/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	VP
Name	WILCOX, WILLIAM
Address	280 TRUMBULL ST.
City-State-Zip:	HARTFORD CT 06103

Title	ASSISTANT SECRETARY
Name	PALEN, MAGGIE
Address	751 BROAD ST., 21ST FLOOR
City-State-Zip:	NEWARK NJ 07102

Title	DIRECTOR
Name	BRAYTON, KEVIN M
Address	280 TRUMBULL ST.
City-State-Zip:	HARTFORD CT 06103

Title	DIRECTOR
Name	MANN, SUSAN M
Address	ONE CORPORATE DRIVE
City-State-Zip:	SHELTON CT 06484

Title	DIRECTOR
Name	NANDA, ANJU
Address	ONE CORPORATE DRIVE
City-State-Zip:	SHELTON CT 06484

Title	CFO
Name	SMIT, ROBERT P
Address	3 GATEWAY CENTER
City-State-Zip:	NEWARK NJ 07102

Title	DIRECTOR
Name	BOGOIAN, DIANNE D
Address	1 CORPORATE DRIVE
City-State-Zip:	SHELTON CT 06484

Title	DIRECTOR
Name	GUERRERA, ELIZABETH
Address	1 CORPORATE DRIVE
City-State-Zip:	SHELTON CT 06484

Title	DIRECTOR
Name	MULLERY, JAMES F
Address	213 WASHINGTON ST.
City-State-Zip:	NEWARK NJ 07102