2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2022
Secretary of State
5893357935CC

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: NOT APPLICABLE

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	DIRECTOR
Name	BOYLE, ROBERT E
Address	ONE CORPORATE DRIVE
City-State-Zip:	SHELTON CT 06484

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

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

Title	DIRECTOR
Name	CASANOVA, AISMARA J
Address	ONE CORPORATE DRIVE
City-State-Zip:	SHELTON CT 06484

Title	DIRECTOR
Name	MULLERY, JAMES F
Address	ONE CORPORATE DRIVE
City-State-Zip:	SHELTON CT 06484

Title	PRESIDENT
Name	CASANOVA, AISMARA J
Address	ONE CORPORATE DRIVE
City-State-Zip:	SHELTON CT 06484

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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 ASST. SECRETARY 04/20/2022

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	BOUCHER, FRANCINE B
Address	ONE CORPORATE DRIVE
City-State-Zip:	SHELTON CT 06484

Title	ASST. SECRETARY
Name	PALEN, MAGGIE
Address	ONE CORPORATE DRIVE
City-State-Zip:	SHELTON CT 06484

Title	TREASURER
Name	SMIT, ROBERT P
Address	ONE CORPORATE DRIVE
City-State-Zip:	SHELTON CT 06484