**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 13, 2015**
**Secretary of State**
**CC2503605208**

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

**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 | DIRECTOR, PRESIDENT & CEO |
| Name | FERRIS, BRUCE |
| Address | 1 CORPORATE DRIVE, 1 CORPORATE DR |
| City-State-Zip: | SHELTON CT 064846208 |

| | |
|---|---|
| Title | TREASURER |
| Name | MARIN, ELIZABETH |
| Address | 751 BROAD ST, 21ST FLOOR, PLAZA |
| City-State-Zip: | NEWARK NJ 071023714 |

| | |
|---|---|
| Title | SVP, DIRECTOR |
| Name | ALLAIN, RODNEY R |
| Address | ONE CORPORATE DRIVE |
| City-State-Zip: | SHELTON CT 06484 |

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|---|---|
| Title | SVP, DIRECTOR |
| Name | LEBLANC, DAWN M |
| Address | 1 CORPORATE DRIVE, 1 CORPORATE DR |
| City-State-Zip: | SHELTON CT 064846208 |

| | |
|---|---|
| Title | SECRETARY |
| Name | ROSERO, JOHN D |
| Address | 213 WASHINGTON ST, WASH |
| City-State-Zip: | NEWARK NJ 071022917 |

| | |
|---|---|
| Title | ASST. SECRETARY |
| Name | BAILEY, MINA C |
| Address | 751 BROAD ST, 21ST FLOOR, PLAZA |
| City-State-Zip: | NEWARK NJ 071023714 |

| | |
|---|---|
| Title | SVP, DIRECTOR |
| Name | FRIAS, YANELA C |
| Address | 213 WASHINGTON ST, WASH |
| City-State-Zip: | NEWARK NJ 071022917 |

| | |
|---|---|
| Title | SVP, DIRECTOR |
| Name | MARENAKOS, STEVEN P |
| Address | 1 CORPORATE DRIVE, 1 CORPORATE DR |
| City-State-Zip: | SHELTON CT 064846208 |

*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: MINA C BAILEY ASST. SECRETARY 04/13/2015

Electronic Signature of Signing Officer/Director Detail — Date