

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90131 022 \*\*\*150.00

**DOCUMENT # P34373**

1. Entity Name  
**THE PRUDENTIAL ASSET MANAGEMENT COMPANY, INC.**



Principal Place of Business  
**PRUDENTIAL PLAZA  
 751 BROAD ST  
 NEWARK, NJ 07102 US**

Mailing Address  
**213 WASHINGTON ST  
 8TH FL TAX  
 NEWARK, NJ 07102-3777 US**

**54053329**



04232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>22-2550816</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
 IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOWENSTEIN, PAUL PRUDENTIAL PLAZA NEWARK, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP STRANGFIELD, JOHN K 3 GATEWAY CENTER NEWARK, NJ 07102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAKER, MAUREEN F. 2 GATEWAY CENTER NEWARK, NJ 07102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAPLIN, CHARLES E 751 BROAD ST. NEWARK, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, KEVIN 2 GATEWAY CENTER NEWARK, NJ 07102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD SCOTT, JAMES H 2 GATEWAY CENTER NEWARK, NJ 07102

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 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janice Pavlou Janice Pavlou 1/23/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #