

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34373

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: PRAMERICA ASSET MANAGEMENT, INC.

**Current Principal Place of Business:**

PRUDENTIAL PLAZA  
751 BROAD ST  
NEWARK, NJ 07102 US

**New Principal Place of Business:**

**Current Mailing Address:**

213 WASHINGTON ST  
8TH FL TAX  
NEWARK, NJ 071023777 US

**New Mailing Address:**

FEI Number: 22-2550816      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SULLIVAN, JAMES  
Address: 2 GATEWAY CENTER  
City-St-Zip: NEWARK, NJ 07102

Title: S ( ) Delete  
Name: BAKER, MAUREEN F  
Address: 2 GATEWAY CENTER  
City-St-Zip: NEWARK, NJ 07102

Title: T ( ) Delete  
Name: JACOB, BERNARD  
Address: 751 BROAD ST  
City-St-Zip: NEWARK, NJ

Title: D ( ) Delete  
Name: MYERS, KEVIN  
Address: 2 GATEWAY CENTER  
City-St-Zip: NEWARK, NJ 07102 US

Title: SVPD ( ) Delete  
Name: SCOTT, JAMES H  
Address: 2 GATEWAY CENTER  
City-St-Zip: NEWARK, NJ 07102

Title: AC ( ) Delete  
Name: PAVLOU, JANICE  
Address: 213 WASHINGTON STREET  
City-St-Zip: NEWARK, NJ 07102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JANICE PAVLOU

AC

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date