

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P34373** (1)  
1. Corporation Name  
**THE PRUDENTIAL ASSET MANAGEMENT COMPANY, INC.**



Principal Place of Business: **19 PRUDENTIAL PLAZA, 751 BROAD ST, NEWARK NJ 07102-2992, US**  
Mailing Address: **71 HANOVER RD., FLORHAM PARK NJ 07932**

3. Date Incorporated or Qualified: **06/19/1991**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **22-2550816**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC  
1201 HAYES STREET  
STE - 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when installing) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>P</b>	<b>GOSS, MARTHA CLARK</b>	<input checked="" type="checkbox"/> DELETE	
NAME	<b>PRUDENTIAL PLAZA</b>		
STREET ADDRESS	<b>NEWARK NJ</b>		
CITY-ST-ZIP			
TITLE: <b>SVP</b>	<b>CHMELY, ROBERT</b>	<input type="checkbox"/> DELETE	
NAME	<b>71 HANOVER ROAD</b>		
STREET ADDRESS	<b>FLORHAM PARK NJ</b>		
CITY-ST-ZIP			
TITLE: <b>VS</b>	<b>CAVANAUGH, MARY L.</b>	<input type="checkbox"/> DELETE	
NAME	<b>PRUDENTIAL PLAZA</b>		
STREET ADDRESS	<b>NEWARK NJ</b>		
CITY-ST-ZIP			
TITLE: <b>T</b>	<b>PFINGRAFF, MARTIN</b>	<input checked="" type="checkbox"/> DELETE	
NAME	<b>PRUDENTIAL PLAZA</b>		
STREET ADDRESS	<b>NEWARK NJ</b>		
CITY-ST-ZIP			
TITLE: <b>D</b>	<b>BRASWELL, STEPHEN R</b>	<input checked="" type="checkbox"/> DELETE	
NAME	<b>PRUDENTIAL PLAZA</b>		
STREET ADDRESS	<b>NEWARK NJ</b>		
CITY-ST-ZIP			
TITLE: <b>V</b>	<b>PISZEL, ANTHONY S</b>	<input checked="" type="checkbox"/> DELETE	
NAME	<b>71 HANOVER ROAD</b>		
STREET ADDRESS	<b>FLORHAM PARK NJ</b>		
CITY-ST-ZIP			

1.1 TITLE: <b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: <b>PAUL LOWENSTEIN</b>	
1.3 STREET ADDRESS: <b>PRUDENTIAL PLAZA</b>	
1.4 CITY-ST-ZIP: <b>NEWARK, NJ</b>	
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE: <b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: <b>C. EDWARD CHAPLIN</b>	
4.3 STREET ADDRESS: <b>PRUDENTIAL PLAZA</b>	
4.4 CITY-ST-ZIP: <b>NEWARK, NJ</b>	
5.1 TITLE: <b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME: <b>ROBERT W. HOKE</b>	
5.3 STREET ADDRESS: <b>PRUDENTIAL PLAZA</b>	
5.4 CITY-ST-ZIP: <b>NEWARK, NJ</b>	
6.1 TITLE: <b>VICE PRESIDENT &amp; COMPTROLLER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME: <b>MICHAEL MANCUSO</b>	
6.3 STREET ADDRESS: <b>71 HANOVER ROAD</b>	
6.4 CITY-ST-ZIP: <b>FLORHAM PARK, NJ</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Mancuso* 4/30/96 (201) 966-3270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (12/95)