

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 07832-1502
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/19/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 22-2550816	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LOWENSTEIN, PAUL	
STREET ADDRESS	PRUDENTIAL PLAZA	
CITY-ST-ZIP	NEWARK NJ	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	CHMELY, ROBERT	
STREET ADDRESS	71 HANOVER ROAD	
CITY-ST-ZIP	FLORHAM PARK NJ	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	CAVANAUGH, MARY L.	
STREET ADDRESS	PRUDENTIAL PLAZA	
CITY-ST-ZIP	NEWARK NJ	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CHAPLIN, C. E	
STREET ADDRESS	PRUDENTIAL PLAZA	
CITY-ST-ZIP	NEWARK NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOKE, ROBERT W	
STREET ADDRESS	PRUDENTIAL PLAZA	
CITY-ST-ZIP	NEWARK NJ	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	MANCUSO, MICHAEL	
STREET ADDRESS	71 HANOVER RD.	
CITY-ST-ZIP	FLORHAM PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SVP
2.3 STREET ADDRESS	TOMA, JAMES J.
2.4 CITY-ST-ZIP	PRUDENTIAL PLAZA NEWARK, NJ
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	CAULFIELD, E. MICHAEL
5.4 CITY-ST-ZIP	PRUDENTIAL PLAZA NEWARK, NJ
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	STRANGFELD, JOHN R., JR.
6.4 CITY-ST-ZIP	8 CAMPUS DRIVE, PARSIPPANY, NJ

14. I do 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 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 receiver or 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: *Mary L. Cavanaugh* 3/10/97 (201) 802-4779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)