

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

FILED

**May 11 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		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.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 19 PRUDENTIAL PLAZA 751 BROAD ST NEWARK NJ 07102-2092 US	Mailing Address 71 HANOVER RD. FLORHAM PARK NJ 07932
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3. Date Incorporated or Qualified 06/19/1991	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 100 MULBERRY ST
22 City & State	27 GATEWAY CENTER 3, 10th Floor
23 Zip	28 Newark, NJ
24 Country	29 07102
	30 USA

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	85 Zip Code

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 checked="" type="checkbox"/> DELETE
NAME	TOMA, JAMES J	
STREET ADDRESS	OPRUDENTIAL PLAZA	
CITY-ST-ZIP	NEWARK 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	CAULFIELD, MICHAEL E	
STREET ADDRESS	PRUDENTIAL PLAZA	
CITY-ST-ZIP	NEWARK NJ	
TITLE	VPC	<input checked="" 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	Director - Senior Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John R. Strangfeld Jr
2.3 STREET ADDRESS	Prudential Plaza
2.4 CITY-ST-ZIP	Newark, NJ 07102
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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	COMPTROLLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LYNNE CHMURA
6.3 STREET ADDRESS	GATEWAY CENTER 3, 10th Floor
6.4 CITY-ST-ZIP	Newark, NJ 07102

14. 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 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 or changed, or on an attachment, with an address.

SIGNATURE _____ DATE _____

CR2E034 (10/97)

473-367-2500