

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90225 020 ***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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 22-2550816		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
THE PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYES STREET STE - 105 TALLAHASSEE FL 32301				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOWENSTEIN, PAUL PRUDENTIAL PLAZA NEWARK NJ	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STRANGFELD, JOHN R. J PRUDENTIAL PLAZA NEWARK NJ 07102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP Strangfeld, John R. 3 Gateway Center Newark, NJ 07102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV HEALY, WILLIAM V 100 MULBERRY ST., GATEWAY CENTER NEWARK NJ	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Baker, Maureen F. 2 Gateway Center Newark, NJ 07102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAPLIN, CHARLES E 751 BROAD ST NEWARK NJ	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, KENNETH H PRUDENTIAL PLAZA NEWARK NJ 07102-2992	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Myers, Kevin 2 Gateway Center Newark, NJ 07102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUNDGREN, NANCY L 213 WASHINGTON ST NEWARK NJ 07102-3777	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP/Director Scott, James H. 2 Gateway Center Newark, NJ 07102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dominic Fiore **Dominic Fiore** 4/26/01 973-802-3571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



The Prudential Insurance Company of America
213 Washington Street, Tax Division, 8th Fl
Newark NJ 07102-2992

Attachment
#P34373
766381

April 20, 2001

Certified Mail #: 7099-3220-0008-8172-4961

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: The Prudential Asset Management Company, Inc.
Document #: P34373

Dear Madame/Sir:

Enclosed is the 2001 UNIFORM BUSINESS REPORT for the above company along with the \$150.00 filing fee.

If you have any further questions, please feel free to give me a call at (973)-802-3571.

Sincerely,

Lori Bravo
Sr. Tax Specialist

encl.

[Faint, illegible text at the bottom of the page]