

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90395 022 ***150.00

DOCUMENT # **P34373** ✓
1. Entity Name
**THE PRUDENTIAL ASSET MANAGEMENT
COMPANY, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business PRUDENTIAL PLAZA		3. Mailing Address 213 WASHINGTON ST.	
Suite, Apt. #, etc. 751 BROAD ST.		Suite, Apt. #, etc. 8TH FL. TAX	
City & State NEWARK, NJ		City & State NEWARK, NJ	
Zip 07102	Country US	Zip 07102	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2550816	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name THE PRENTICE HALL CORP SYSTEM
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET
SIE. 105
City TALLAHASSEE FL Zip Code 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State.

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT NAME PAUL LOWENSTEIN STREET ADDRESS 751 BROAD STREET CITY - ST - ZIP NEWARK, NJ 07102	TITLE VICE PRESIDENT NAME JOHN R. STRANGFELD STREET ADDRESS 3 GATEWAY CENTER CITY - ST - ZIP NEWARK, NJ 07102
TITLE TREASURER NAME CHARLES E. CHARIN STREET ADDRESS 751 BROAD STREET CITY - ST - ZIP NEWARK, NJ 07102	TITLE SECRETARY NAME MAURICE F. BAKER - Fidlcowitz STREET ADDRESS 2 GATEWAY CENTER CITY - ST - ZIP NEWARK, NJ 07102
TITLE ASST. CONTROLLER NAME JANICE F. PAULON STREET ADDRESS 213 WASHINGTON CITY - ST - ZIP NEWARK, NJ 07102	TITLE DIRECTOR NAME KEVIN MYERS STREET ADDRESS 2 GATEWAY CENTER CITY - ST - ZIP NEWARK, NJ 07102

**DO NOT WRITE
IN THIS SPACE**

13. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Janice Paulon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02

Date

Daytime Phone #

CR2E034B (12/01)