

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

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1. Entity ID No.		2. Exact name of the Corporation					
143635	Pruden	ntial Overall Supply					
3. Principal office address 1661 ALTON PAR			City IRVINE	State CA	Zip <b>92606</b>		
4. Business Phone No. <b>9492504855</b>			5. State of Incorporatio CALIFORNIA	n	•		
5. Brief description of the INDUSTRIAL LAU		conducted in Rhode Island T RENTAL	d				
7# LIST#ALL OFFICERS	(NAMES AND ADDR	ESSES) ("X" BOX FOR A	TTACHMENT) 🗸	le illa springar de la Barre			
President Name <b>Tom Watts</b>		•	Vice-President Name  Dan Clark (0	CHANGE TITLE TO	CHAIRMAN	HERE	
Street Address 1661 ALTON PAR	KWAY		Street Address 1661 ALTON PA	RKWAY	State Zip		
City IRVINE	State CA	Zip <b>92606</b>	City IRVINE	State CA	Zip 92606		
Secretary Name  James K. Murray	<u> </u>		Treasurer Name James K. Murray	,		,	
Street Address 1661 ALTON PAR	KWAY		Street Address 1661 ALTON PA	RKWAY			
City IRVINE	State CA	Zip <b>92606</b>	City IRVINE	State CA	Zip >> 926	20	
B. LIST ALL DIRECTOR	S (NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)			33	
Director Name Tom Watts			Director Name  Dan Clark	<b>&amp;</b> 3		POR/	
reet Address 661 ALTON PARKWAY		Street Address 1661 ALTON PARKWAY					
City IRVINE	State CA	Zip <b>92606</b>	City IRVINE	State CA	Zip <b>32600</b>	S DI	
Director Name  Don Lahn	·		Director Name Harry Hathaway		10	<b>₹</b>	
Street Address 1661 ALTON PAR	KWAY		Street Address 1661 ALTON PA	RKWAY		·	
City IRVINE	State CA	Zip <b>92606</b>	City IRVINE	State CA	Zip 92606		
). SHARES AUTHORIZE	<b>o</b>		ID. SHARES ISSUED	"X" BOX FOR ATTACH	MENT)		
			NUMBER OF SHARES	1,901,000 Common PAR VALUE			
This information is curre of State. Changes requi See Section 9 of instruc	re an additional filing	Office of the Secretary J.	1,901,000			2	
This report must be exec		corporation by an authorize st be executed on behalf of	•	•	of a receiver or	trustee,	

FIND DATE:		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
		James L. Muney 2/2	3/1	
BY: FOR SECRETARY OF STATE USE ONLY	FILED	Signature of Authorized Representative V Date  JAMES K, MURRAY	i	
And the state of t	CCD 00 2016	Print or Type Name of Authorized Representative		

Form No. 630 Revised: 01/2012

By & 268745

# 143635

Prudential Overall Supply. Corporate ID 143635 Directors as of 1/1/16

Attachment

Vice Chairman Don Lahn 1661 Alton Parkway Irvine, CA 92606