

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 810831

FILED  
Apr 01, 2011  
Secretary of State

**Entity Name:** THRIVENT FINANCIAL FOR LUTHERANS

**Current Principal Place of Business:**

4321 N. BALLARD ROAD  
APPLETON, WI 54919

**New Principal Place of Business:**

**Current Mailing Address:**

625 FOURTH AVENUE SOUTH  
MINNEAPOLIS, MN 55445

**New Mailing Address:**

FEI Number: 39-0123480

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: EVP  
Name: THOMSEN, JAMES A  
Address: 625 4TH AVE S  
City-St-Zip: MINNEAPOLIS, MN 55415

Title: CFO  
Name: BOUSHEK, RANDALL L  
Address: 625 4TH AVE S  
City-St-Zip: MINNEAPOLIS, MN 55415

Title: PCEO  
Name: HEWITT, BRADFORD L  
Address: 625 FOURTH AVE SOUTH  
City-St-Zip: MINNEAPOLIS, MN 55415

Title: T  
Name: ZASTROW, PAUL B  
Address: 625 FOURTH AVE SOUTH  
City-St-Zip: MINNEAPOLIS, MN 55415

Title: SVP  
Name: RASMUSSEN, TERESA J  
Address: 625 FOURTH AVE SOUTH  
City-St-Zip: MINNEAPOLIS, MN 55415

Title: EVP  
Name: MORET, PAMELA J  
Address: 625 FOURTH AVE SOUTH  
City-St-Zip: MINNEAPOLIS, MN 55415

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL B ZASTROW

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04/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date