

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 835382

FILED
Jan 25, 2010
Secretary of State

Entity Name: SUN LIFE FINANCIAL DISTRIBUTORS, INC.

Current Principal Place of Business:

ONE SUN LIFE EXECUTIVE PARK
SC 2335
WELLESLEY HILLS, MA 02481

New Principal Place of Business:

Current Mailing Address:

ONE SUN LIFE EXECUTIVE PARK
SC 2335
WELLESLEY HILLS, MA 02481

New Mailing Address:

FEI Number: 04-2470476 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: MULLEN, TERRANCE J
Address: TWO COPLEY PLANCE, SUITE 700
City-St-Zip: BOSTON, MA 02116

Title: VP
Name: HOLLOWAY, JULIA H
Address: ONE SUN LIFE EXECUTIVE PARK
City-St-Zip: WELLESLEY HILLS, MA 02481

Title: S
Name: BLOOM, MICHAEL S
Address: ONE SUN LIFE EXECUTIVE PARK
City-St-Zip: WELLESLEY HILLS, MA 02481

Title: D
Name: DAVIS, SCOTT M
Address: ONE SUN LIFE EXECUTIVE PARK
City-St-Zip: WELLESLEY HILLS, MA 02481

Title: D
Name: FRIESEN, RONALD H
Address: ONE SUN LIFE EXECUTIVE PARK
City-St-Zip: WELLESLEY HILLS, MA 02481

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL S. BLOOM

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01/25/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date