

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847768

FILED
Jan 14, 2009
Secretary of State

Entity Name: AMERIPRISE ADVISOR SERVICES, INC.

Current Principal Place of Business:

719 GRISWOLD
SUITE 1700
DETROIT, MI 48226 US

New Principal Place of Business:

Current Mailing Address:

719 GRISWOLD
SUITE 1700
DETROIT, MI 48226 US

New Mailing Address:

FEI Number: 38-1961943 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: FILDES, LISA S,
Address: 719 GRISWOLD, SUITE1700
City-St-Zip: DETROIT, MI 48226 US

Title: P/D () Delete
Name: COHEN, JOAN K
Address: ONE H&R BLOCK WAY
City-St-Zip: KANSAS CITY, MO 64105

Title: D () Delete
Name: MCASKIN, DAN M
Address: 719 GRISWOLD, SUITE 1700
City-St-Zip: DETROIT, MI 48226 US

Title: CFO () Delete
Name: MOZAK, PAUL L
Address: 719 GRISWOLD, SUITE 1700
City-St-Zip: DETROIT, MI 48226 US

Title: D (X) Delete
Name: ALDRIDGE, DOUGLAS R
Address: 3060 PEACHTREE RD., SUITE 1565
City-St-Zip: ATLANTA, GA 30305 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: FILDES, LISA S
Address: 719 GRISWOLD, SUITE1700
City-St-Zip: DETROIT, MI 48226 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GESCHKE, DAVID E
Address: ONE H&R BLOCK WAY
City-St-Zip: KANSAS CITY, MO 64105 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LISA S. FILDES

S

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date