2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State
04-07-2006 90038 006 ***150.00

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1. Entity Name
METLIFE INVESTORS DISTRIBUTION COMPANY

Principal Place of Business	Mailing Address
13045 TESSON FERRY RD. ST. LOUIS, MO 63128	13045 TESSON FERRY RD. ST. LOUIS, MO 63128

03032006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27-01 Queens Plaza N.
City & State	City & State Long Island City, NY
Zip / Country	Zip / Country 11101 / USA

4. FEI Number
43-1906210
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SUTHERLAND, LESLIE 13045 TESSON FERRY RD. ST. LOUIS, MO 63128	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Paul Sylvester 13045 Tesson Ferry Road St. Louis, MO 63128	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS KADUSON, JAY S 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Richard C. Pearson Five Park Plaza Irvine, CA 92614	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PETERSON, JOHN E 13045 TESSON FERRY RD. ST. LOUIS, MO 63128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP John E. Petersen 13045 Tesson Ferry Road St. Louis, MO 63128	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KOEGER, JAMES W 13045 TESSON FERRY RD. ST. LOUIS, MO 63128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUTHERLAND, LESLIE 13045 TESSON FERRY RD. ST. LOUIS, MO 63128	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Michael K. Farrell 10 Park Avenue Morristown, NJ 07962	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPCC LAZARUS, N. ROBERT 13045 TESSON FERRY RD SAINT LOUIS, MO 63128	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Treasurer Gregory M. Harrison One MetLife Plaza, 27-01 Queens Plaza N. Long Island City, NY 11101	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gregory M. Harrison Gregory M. Harrison, Assistant Treasurer, 3/28/06, 212-578-4852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #