

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M00000002718

FILED
Apr 25, 2008
Secretary of State

Entity Name: ING FINANCIAL ADVISERS, LLC

Current Principal Place of Business:

151 FARMINGTON AVE., #TN41
HARTFORD, CT 061562000

New Principal Place of Business:

ONE ORANGE WAY
WINDSOR, CT 06095

Current Mailing Address:

20 WASHINGTON AVE. S.
MINNEAPOLIS, MN 55401

New Mailing Address:

FEI Number: 06-1375177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: JEANNE NELSON, ASSISTANT SECRETARY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: BARBORST, RONALD
Address: 4225 EXECUTIVE SQUARE, SUITE 270
City-St-Zip: LAJOLLA, CA 92037

Title: MGR (X) Change () Addition
Name: BARBORST, RONALD
Address: ONE ORANGE WAY
City-St-Zip: WINDSOR, CT 06095

Title: MGR () Delete
Name: COMER, BRIAN
Address: 151 FARMINGTON AVE.
City-St-Zip: HARTFORD, CT 06156

Title: MGR (X) Change () Addition
Name: COMER, BRIAN
Address: ONE ORANGE WAY
City-St-Zip: WINDSOR, CT 06095

Title: S () Delete
Name: BENNER, JOY M
Address: 20 WASHINGTON AVE. S.
City-St-Zip: MINNEAPOLIS, MN 55401

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

Title: MGR () Delete
Name: LOWE, WILLIAM
Address: 151 FARMINGTON AVE., #TN41
City-St-Zip: HARTFORD, CT 061562000

Title: MGR (X) Change () Addition
Name: LOWE, WILLIAM
Address: ONE ORANGE WAY
City-St-Zip: WINDSOR, CT 06095

Title: AS () Delete
Name: PRICE, RANDALL K
Address: 20 WASHINGTON AVENUE SO
City-St-Zip: MINNEAPOLIS, MN 55401

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

Title: VPT () Delete
Name: PENDERGRASS, DAVID S
Address: 5780 POWERS FERRY ROAD NW
City-St-Zip: ATLANTA, GA 30327

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RANDALL K. PRICE

AS

04/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date