

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002718

FILED
Apr 24, 2009
Secretary of State

Entity Name: ING FINANCIAL ADVISERS, LLC

Current Principal Place of Business:

ONE ORANGE WAY
WINDSOR, CT 06095

New Principal Place of Business:

Current Mailing Address:

20 WASHINGTON AVE. S.
MINNEAPOLIS, MN 55401

New Mailing Address:

20 WASHINGTON AVE. S.
ROUTE 1226
MINNEAPOLIS, MN 55401

FEI Number: 06-1375177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARHORST, RONALD
Address: ONE ORANGE WAY
City-St-Zip: WINDSOR, CT 06095

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

ADDITIONS/CHANGES:

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

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

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

Title: MGR (X) Change () Addition
Name: CICCATTI, RANDALL L
Address: 400 FIRST STREET SOUTH
City-St-Zip: ST. CLOUD, MN 56301

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

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

04/24/2009

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