

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

09-15-2003 90097 028 \*\*\*\*50.00

**DOCUMENT # M00000002718**



1. Entity Name  
**ING FINANCIAL ADVISERS, LLC**

Principal Place of Business  
**151 FARMINGTON AVE., #TN41  
HARTFORD CT 06156-2000**

Mailing Address  
**20 WASHINGTON AVE. S.  
MINNEAPOLIS MN 55401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



**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

**\$0.00**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>AUGSBERGER, MARIE</b>	<b>151 FARMINGTON AVE.</b>	<b>HARTFORD CT 06156-2000</b>	<input checked="" type="checkbox"/>
	<b>BAKER, ALLAN</b>	<b>151 FARMINGTON AVE.</b>	<b>HARTFORD CT 06156</b>	<input type="checkbox"/>
	<b>CLUDRAY-ENGELKE, PAULA</b>	<b>20 WASHINGTON AVE. S.</b>	<b>MINNEAPOLIS MN 55401</b>	<input type="checkbox"/>
	<b>FRANCIS, ROBERT</b>	<b>151 FARMINGTON AVE., #TN41</b>	<b>HARTFORD CT 06156-2000</b>	<input type="checkbox"/>
	<b>BAKER, ALLAN</b>	<b>151 FARMINGTON AVE., #TN41</b>	<b>HARTFORD CT 06156-2000</b>	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>TITLE MGR</b>	<b>Barhorst, Ronald</b>	<b>7676 Hazard Ctr. Drive</b>	<b>San Diego, CA 92108</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>TITLE MGR</b>				<input type="checkbox"/>	<input type="checkbox"/>
<b>TITLE MGR</b>				<input type="checkbox"/>	<input type="checkbox"/>
<b>TITLE</b>				<input type="checkbox"/>	<input type="checkbox"/>
<b>TITLE MGRM</b>	<b>Mathews, Shaun</b>	<b>151 Farmington Avenue</b>	<b>Hartford, CT 06156</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** *Paula Cludray-Engelke* **PAULA CLUDRAY-ENGELKE** September 8, 2003 (612)342-3968  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)