2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33481

Entity Name: ING FINANCIAL PARTNERS, INC.

FILED Jul 12, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
20 WASHINGTON AVENUE SOUTH MINNEAPOLIS, MN 55401				909 LOCUST STREET DES MOINES, IA 50309				
Current Mailing Address:				New Mailing Address:				
20 WASHINGTON AVENUE SOUTH MINNEAPOLIS, MN 55401				909 LOCUST STREET DES MOINES, IA 50309				
FEI Number: 41-0945505 FEI Number Applied For ()			FEI Numb	lumber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
1200 S. PII PLANTATI	ORATION SYS NE ISLAND RO ON, FL 33324	DAD US	urpass of	changing its	o registered of	Fig. or registered a	gent or both	
in the State		submits this statement for the pr	arpose or	changing it	s registered of	lice or registered a	gent, or both,	
SIGNATUR	RE:							
Electronic Signature of Registered Agent						Date		
Election Can		3(2)(b), F.S., the corporation did not g Trust Fund Contribution(). TORS:				TO OFFICERS AN	D DIRECTORS:	
Title: Name: Address: City-St-Zip:	SEVERUD, KEI	ON AVENUE SOUTH	1	Title: Name: Address: City-St-Zip:	CEO (X) LINDBERG, KAR 909 LOCUST ST DES MOINES, IA	REET		
Title: Name: Address: City-St-Zip:	STEWART, BAI	ON AVENUE SOUTH	1	Title: Name: Address: City-St-Zip:	D (X) BROWN, VALER 5780 POWERS ATLANTA, GA 3	FERRY RD NW		
Title: Name: Address: City-St-Zip:	S () CLUDRAY-ENG 20 WASHINGTO MINNEAPOLIS,	ON AVE SOUTH	1	Title: Name: Address: City-St-Zip:	EVP (X) FIGLIOLA, JACK 2780 SKY PARK TORRANCE, CA	CDR, STE 300		
Title: Name: Address: City-St-Zip:	CFOT () KUNTZ, DANIEI 20 WASHINGTO MINNEAPOLIS,	ON AVE SOUTH	1	Title: Name: Address: City-St-Zip:	VP (X) STYCH, KEVIN 909 LOCUST ST DES MOINES, IA			
Title: Name: Address: City-St-Zip:	CCEO () LIEBERMAN, M 20 WASHINGTO MINNEAPOLIS,	ON AVE S	1	Title: Name: Address: City-St-Zip:	CFOT (X) LARAIA, KEVIN 909 LOCUST ST DES MOINES, IA			
Title: Name:	D () SIMMERS, JOH	Delete IN		Title: Name:	()	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: KARL LINDBERG PRES 07/12/2004

2780 SKYPARK DR STE 300

TORRANCE, CA 90505

Address:

City-St-Zip:

JOSEPH ELMY, VP 5780 POWERS FERRY RD NW ATLANTA, GA 30327

N MARK MARR, VP 2780 SKY PARK DR TORRANCE, CA 90505

CHRISTOPHER COKINIS, CCO/S 909 LOCUST STREET DES MOINES, IA 50309

LYNN STEPHENS, VP 909 LOCUST STREET DES MOINES, IA 50309