## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P33481

Entity Name: ING FINANCIAL PARTNERS, INC.

FILED Apr 29, 2005 Secretary of State

| Current Principal Place of Business:   |  |                              |   | New Principal Place of Business:             |                        |  |  |  |
|--|--|------------------------------|---|--|------------------------|--|--|--|
| 909 LOCUS<br>DES MOINE   | ST STREET<br>ES, IA 50309                                      |                              |   |  |                        |  |  |  |
| Current Mailing Address:   |  |                              |   | New Mailing Address:                         |                        |  |  |  |
| 909 LOCUST STREET<br>DES MOINES, IA 50309  |  |                              | 20 WASHINGTON AVENUE SOUTH<br>ROUTE 1260<br>MINNEAPOLIS, MN 55401 |  |                        |  |  |  |
| FEI Number: 41-0945505 FEI Number Applied For ( ) FEI Number   |  |                              | mber Not Applicable ( ) Certificate of Status Desired ( )         |  |                        |  |  |  |
| Name and Address of Current Registered Agent: Name and Address of New R  |  |                              |   |  |                        | of New Registered Agent:   |  |  |
| CT CORPORATION SYSTEM 1200 S. 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. |  |                              |   |  |                        |  |  |  |
| SIGNATUR   | E:   |                              |   |  |                        |  |  |  |
|  | Electronic   | Signature of Registered Agen | t   |  |                        | Date   |  |  |
| Election Cam   | paign Financing  | Trust Fund Contribution ( ). |   |  |                        |  |  |  |
| OFFICERS AND DIRECTORS:  |  |                              |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |                        |  |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | CEO () D<br>LINDBERG, KARI<br>909 LOCUST STE<br>DES MOINES, IA | REET                         |   | Title:<br>Name:<br>Address:<br>City-St-Zip:  | 909 LOCUS              | (X) Change ( ) Addition<br>, KARL PRES<br>ST STREET<br>ES, IA 50309              |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | D () E<br>BROWN, VALERI<br>5780 POWERS F<br>ATLANTA, GA 30     | ERRY RD NW                   |   | Title:<br>Name:<br>Address:<br>City-St-Zip:  |                        | ( ) Change ( ) Addition  |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | EVP () E<br>FIGLIOLA, JACKI<br>2780 SKY PARK<br>TORRANCE, CA   | DR, STE 300                  |   | Title:<br>Name:<br>Address:<br>City-St-Zip:  |                        | (X) Change()Addition<br>RK<br>ULVEDA BLVD., SUITE 1200<br>DO, CA 902A45          |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | VP () E<br>STYCH, KEVIN<br>909 LOCUST STF<br>DES MOINES, IA    | REET                         |   | Title:<br>Name:<br>Address:<br>City-St-Zip:  | CLUDRAY-I<br>20 WASHIN | (X) Change ( ) Addition<br>ENGELKE, PAULA<br>IGTON AVENUE SOUTH<br>LIS, MN 55401 |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | CFOT () D<br>LARAIA, KEVIN<br>909 LOCUST STF<br>DES MOINES, IA |                              |   | Title:<br>Name:<br>Address:<br>City-St-Zip:  |                        | () Change () Addition  |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | D () C<br>SIMMERS, JOHN<br>2780 SKYPARK I<br>TORRANCE, CA      | DR STE 300                   |   | Title:<br>Name:<br>Address:<br>City-St-Zip:  |                        | (X) Change ( ) Addition<br>JOHN<br>ULVEDA BLVD., SUITE 1200<br>DO, CA 90245      |  |  |

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.

SIGNATURE: PAULA CLUDRAY-ENGELKE AS 04/29/2005