

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001869

FILED
Mar 19, 2008
Secretary of State

Entity Name: THRIVENT FINANCIAL LIFELONG RESOURCES INC.

Current Principal Place of Business:

625 FOURTH AVENUE SOUTH
MINNEAPOLIS, MN 55415

New Principal Place of Business:

Current Mailing Address:

625 FOURTH AVENUE SOUTH
MINNEAPOLIS, MN 55415

New Mailing Address:

FEI Number: 41-1878994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCKINNEY, WILLIAM B
Address: 625 FOURTH AVENUE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55415

Title: V () Delete
Name: DOWNS, MARY
Address: 4321 N BALLARD RD
City-St-Zip: APPLETON, WI 54919

Title: S () Delete
Name: JOHNSTON, PAUL R
Address: 625 FOURTH AVENUE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55415

Title: T () Delete
Name: TURESON, KURT S
Address: 625 FOURTH AVENUE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55415

Title: S () Delete
Name: NIGBUR, CYNTHIA J
Address: 625 FOURTH AVENUE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55415

Title: S () Delete
Name: HAYMAN, DAVID M
Address: 625 FOURTH AVENUE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: KURT TURESON

T

03/19/2008

Electronic Signature of Signing Officer or Director

Date