

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90140 028 ***150.00

0068092 AB

DOCUMENT # P14401

1. Entity Name
THRIVENT INVESTMENT MANAGEMENT INC.



Principal Place of Business
**222 WEST COLLEGE AVENUE
APPLETON WI 54919**

Mailing Address
**222 WEST COLLEGE AVENUE
APPLETON WI 54919**

11052773



2. Principal Place of Business

625 Fourth Avenue South
Suite, Apt. #, etc.

3. Mailing Address

4321 N. Ballard Road
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Minneapolis, MN

City & State

Appleton, WI

4. FEI Number **39-1559375**

Applied For

Not Applicable

Zip **55415-1665** Country **USA**

Zip **54919** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **ABITZ, JAMES H**
STREET ADDRESS **222 W COLLEGE AVE**
CITY-ST-ZIP **APPLETON WI 54919**

TITLE **PD** ☒ Delete
NAME **SAME, ROBERT G**
STREET ADDRESS **222 W COLLEGE AVE**
CITY-ST-ZIP **APPLETON WI 54919**

TITLE **DC** ☒ Delete
NAME **ENO, WOODROW E**
STREET ADDRESS **4321 NORTH BALLARD RD**
CITY-ST-ZIP **APPLETON WI 54919-0001**

TITLE **D** ☒ Delete
NAME **RUDOLPH, CARL J**
STREET ADDRESS **4321 NORTH BALLARD RD**
CITY-ST-ZIP **APPLETON WI 54919-0001**

TITLE **S** ☒ Delete
NAME **AGNEW, BRETT L**
STREET ADDRESS **222 W COLLEGE AVE**
CITY-ST-ZIP **APPLETON WI 54915**

TITLE **T** ☐ Delete
NAME **KARGUS, JEFFREY R**
STREET ADDRESS **4321 N. BALLARD ROAD**
CITY-ST-ZIP **APPLETON WI 54919**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition
NAME **James H. Abitz**
STREET ADDRESS **625 Fourth Avenue South**
CITY-ST-ZIP **Minneapolis, MN 55415-1665**

TITLE **P** ☒ Change ☐ Addition
NAME **Bruce J. Nicholson**
STREET ADDRESS **625 Fourth Avenue South**
CITY-ST-ZIP **Minneapolis, MN 55415-1665**

TITLE **D/VP** ☒ Change ☐ Addition
NAME **Lawrence W. Stranghoener**
STREET ADDRESS **625 Fourth Avenue South**
CITY-ST-ZIP **Minneapolis, MN 55415-1665**

TITLE **D/C** ☒ Change ☐ Addition
NAME **John O. Gilbert**
STREET ADDRESS **625 Fourth Avenue South**
CITY-ST-ZIP **Minneapolis, MN 55415-1665**

TITLE **D/VP/S** ☒ Change ☐ Addition
NAME **Woodrow E. Eno**
STREET ADDRESS **625 Fourth Avenue South**
CITY-ST-ZIP **Minneapolis, MN 55415-1665**

TITLE **VP/T** ☒ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey R Kargus **4/28/03**

Date

Daytime Phone #

CR2E034 (10/02)