

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000069969

Entity Name: CARILLON FUND DISTRIBUTORS, INC.**Current Principal Place of Business:**880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716**Current Mailing Address:**880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716 US**FEI Number:** 20-2867072**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH 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.***SIGNATURE:** SARAH REVELLE, ASSISTANT SECRETARY

04/05/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name FREEMAN, BRIAN
Address 880 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR
Name MOSHELL, HENRY A. III
Address 880 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR
Name OLLIA, MARSHALL F.
Address 880 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716

Title PRESIDENT
Name FREEMAN, BRIAN
Address 880 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716

Title SECRETARY
Name FABER, STEPHEN W.
Address 880 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716

Title TREASURER
Name OLLIA, MARSHALL F.
Address 880 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN W. FABER

SECRETARY

04/05/2018

Electronic Signature of Signing Officer/Director Detail

Date