

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 831571

Entity Name: AMERIPRISE FINANCIAL SERVICES, INC.**Current Principal Place of Business:**707 2ND AVE SO
MINNEAPOLIS, MN 55474**Current Mailing Address:**707 2ND AVE SO
MINNEAPOLIS, MN 55474 US**FEI Number: 41-0973005****Certificate of Status Desired:** No**Name and Address of Current 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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT, CEO, DIRECTOR
Name SWEENEY, JOSEPH EDWARD
Address 707 2ND AVE SO
City-State-Zip: MINNEAPOLIS MN 55474

Title TREASURER
Name HAMALAINEN, JAMES LOUIS
Address 707 2ND AVE SO
City-State-Zip: MINNEAPOLIS MN 55474

Title SECRETARY
Name MOORE, THOMAS RICHARD
Address 707 2ND AVE SO
City-State-Zip: MINNEAPOLIS MN 55474

Title ASSISTANT SECRETARY
Name SMITH, SHELLY A.
Address 707 2ND AVE SO
City-State-Zip: MINNEAPOLIS MN 55474

Title DIRECTOR
Name MAGLAQUE, CHARLES N.
Address 707 2ND AVE SO
City-State-Zip: MINNEAPOLIS MN 55474

Title DIRECTOR
Name O'CONNELL, PATRICK H.
Address 707 2ND AVE SO
City-State-Zip: MINNEAPOLIS MN 55474

Title DIRECTOR
Name WILLIAMS, WILLIAM J.
Address 707 2ND AVE SO
City-State-Zip: MINNEAPOLIS MN 55474

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: SHELLY A. SMITH**ASSISTANT SECRETARY 04/13/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date