

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000964

Entity Name: MANAGERS DISTRIBUTORS, INC.**Current Principal Place of Business:**800 CONNECTICUT AVENUE
NORWALK, CT 06854**Current Mailing Address:**800 CONNECTICUT AVENUE
NORWALK, CT 06854**FEI Number:** 06-1603133**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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	KINNE, KEITHA L
Address	800 CONNECTICUT AVE
City-State-Zip:	NORWALK CT 06854

Title	SD
Name	KINGSTON, JOHN III
Address	600 HALE STREET
City-State-Zip:	PRIDES CROSSING MA 01965

Title	D
Name	MURPHY, JEFF
Address	600 HALE STREET
City-State-Zip:	PRIDES CROSSING MA 01965

Title	D
Name	MAINES, DEAN
Address	600 HALE STREET
City-State-Zip:	PRIDES CROSSING MA 01965

Title	CFO
Name	ADAMS, STEVEN J
Address	161 WASHINGTON STREET, SUITE 1600
City-State-Zip:	CONSHOHOCKEN PA 19428

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: STEVEN J. ADAMS

CFO

04/14/2014

Electronic Signature of Signing Officer/Director Detail_____
Date