## 2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003505

**Entity Name: METLIFE INVESTORS DISTRIBUTION COMPANY** 

Mar 29, 2016 Secretary of State CC7853552686

**FILED** 

## **Current Principal Place of Business:**

1095 AVENUE OF THE AMERICAS NEW YORK, NY 10036

## **Current Mailing Address:**

13045 TESSON FERRY ROAD TAX DEPARTMENT - B1-06 ST. LOUIS. MO 63128 US

FEI Number: 43-1906210 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:

Date Electronic Signature of Registered Agent

Title

Title

Officer/Director Detail:

Title VP, SECRETARY Title **DIRECTOR** 

Name REYNOLDS, TYLA FORGET, ELIZABETH M Name

Address 600 NORTH KINGS STREET Address 11225 NORTH COMMUNITY HOUSE

ROAD

AVP

**DIRECTOR** 

WILMINGTON DE 19801 City-State-Zip: CHARLOTTE NC 28277 City-State-Zip:

ASST. TREASURER Title

Name KOEGER, JAMES W MCLINDEN, TIMOTHY J Name

13045 TESSON FERRY ROAD Address Address 1095 AVENUE OF THE AMERICAS

City-State-Zip: ST. LOUIS MO 63128 City-State-Zip: NEW YORK NY 10036

Title DIRECTOR Title **DIRECTOR** Name

FORGET, ELIZABETH M. LAPIANA, PAUL A. Name

1095 AVENUE OF THE AMERICAS Address Address 11225 NORTH COMMUNITY HOUSE

ROAD City-State-Zip: NEW YORK NY 10036

City-State-Zip: CHARLOTTE NC 28277

DIRECTOR, CHAIRMAN, PRESIDENT, Title

CEO

Name LAMBERT, MYLES J Name NIGRO, GERARD J

Address 1 METLIFE PLAZA Address 1 MNETLIFE PLAZA

27-01 QUEENS PLAZA NORTH 27-01 QUEENS PLAZA NORTH

LONG ISLAND CITY NY 11101

City-State-Zip: LONG ISLAND CITY NY 11101 City-State-Zip:

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: JAMES W KOEGER

03/29/2016 ASSISTANT TREASURER

Electronic Signature of Signing Officer/Director Detail

Date