2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005251

Entity Name: RIVERSOURCE DISTRIBUTORS, 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: 42-1690915 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

FILED Apr 13, 2016

Secretary of State

CC5249477245

Officer/Director Detail:

Title PRESIDENT Title TREASURER

Name ABBOTT, LYNN Name HAMALAINEN, JAMES LOUIS

Address 707 2ND AVE SO Address 707 2ND AVE SO

City-State-Zip: MINNEAPOLIS MN 55474 City-State-Zip: MINNEAPOLIS MN 55474

Title SECRETARY Title ASSISTANT SECRETARY

Name MOORE, THOMAS RICHARD Name BELTZ, SUSAN M.

Address 707 2ND AVE SO Address 707 2ND AVE SO

City-State-Zip: MINNEAPOLIS MN 55474 City-State-Zip: MINNEAPOLIS MN 55474

City-State-Zip: MINNEAPOLIS MN 55474 City-State-Zip: MINNEAPOLIS MN 554

Title DIRECTOR Title DIRECTOR

Name WOERNER, JOHN ROBERT Name ALVERO, GUMER CRUZ

Address 707 2ND AVE SO Address 707 2ND AVE SO

City-State-Zip: MINNEAPOLIS MN 55474 City-State-Zip: MINNEAPOLIS MN 55474

Title DIRECTOR

Name STENBERG, JON

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: SUSAN M. BELTZ ASSISTANT SECRETARY 04/13/2016

Electronic Signature of Signing Officer/Director Detail

Date