2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000867

Entity Name: AMERIPRISE HOLDINGS, INC.

Current Principal Place of Business:

707 2ND AVE SO COUNTY: HENNEPIN MINNEAPOLIS, MN 55474

Current Mailing Address:

707 2ND AVE SO COUNTY: HENNEPIN

MINNEAPOLIS, MN 55474 US

FEI Number: 26-3878824 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:

Name

Name

Address

City-State-Zip:

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Apr 05, 2022

Secretary of State

0237085765CC

Officer/Director Detail:

Title **PRESIDENT** Title DIRECTOR

Name JHANJI, SHWETA Name JHANJI, SHWETA

Address 707 2ND AVE SO Address 707 2ND AVE SO COUNTY: HENNEPIN

COUNTY: HENNEPIN

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

Title **AUTHORIZED SIGNATORY -**DIRECTOR Title

> CATEGORY SOURCING PELZEL, MICHAEL J.

Name SPELTZ, KRISTIN H. 707 2ND AVE SO

Address 707 2ND AVE SO COUNTY: HENNEPIN

COUNTY: HENNEPIN MINNEAPOLIS MN 55474

MINNEAPOLIS MN 55474 City-State-Zip:

Title **DIRECTOR** Title DIRECTOR

HUBERS, KEVIN Name MCGRANE, BRIAN JOSEPH Address

707 2ND AVE SO Address 707 2ND AVE SO COUNTY: HENNEPIN

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

City-State-Zip: MINNEAPOLIS MN 55474

Title **CFO**

Name BERMAN, WALTER STANLEY Name JHANJI, SHWETA

707 2ND AVE SO Address 707 2ND AVE SO Address COUNTY: HENNEPIN

COUNTY: HENNEPIN MINNEAPOLIS MN 55474

Title

City-State-Zip: MINNEAPOLIS MN 55474

TREASURER

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: SPELTZ, KRISTIN H.

AUTHORIZED SIGNATORY - CATEGORY 04/05/2022