

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003040

**FILED**  
**Apr 13, 2016**  
**Secretary of State**  
**CC1287242534**

**Entity Name:** COLUMBIA MANAGEMENT INVESTMENT DISTRIBUTORS,INC.

**Current Principal Place of Business:**

225 FRANKLIN STREET  
BOSTON, MA 02110

**Current Mailing Address:**

225 FRANKLIN STREET  
BOSTON, MA 02110 US

**FEI Number: 13-3043478**

**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 DIRECTOR  
Name TRUSCOTT, WILLIAM F.  
Address 225 FRANKLIN STREET  
City-State-Zip: BOSTON MA 02110

Title TREASURER  
Name HAMALAINEN, JAMES LOUIS  
Address 225 FRANKLIN STREET  
City-State-Zip: BOSTON MA 02110

Title SECRETARY  
Name MOORE, THOMAS RICHARD  
Address 225 FRANKLIN STREET  
City-State-Zip: BOSTON MA 02110

Title DIRECTOR  
Name PETERS, JEFFREY F.  
Address 225 FRANKLIN STREET  
City-State-Zip: BOSTON MA 02110

Title DIRECTOR  
Name UNCKLESS, AMY  
Address 225 FRANKLIN STREET  
City-State-Zip: BOSTON MA 02110

Title PRESIDENT, DIRECTOR  
Name KRINGDON, JOSEPH  
Address 225 FRANKLIN STREET  
City-State-Zip: BOSTON MA 02110

Title ASSISTANT SECRETARY  
Name SMITH, SHELLY A.  
Address 225 FRANKLIN STREET  
City-State-Zip: BOSTON MA 02110

*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