

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 810831

FILED
Apr 08, 2009
Secretary of State

Entity Name: THRIVENT FINANCIAL FOR LUTHERANS

Current Principal Place of Business:

4321 N. BALLARD ROAD
APPLETON, WI 54919

New Principal Place of Business:

Current Mailing Address:

625 FOURTH AVENUE SOUTH
MINNEAPOLIS, MN 55445

New Mailing Address:

FEI Number: 39-0123480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: EVP () Delete
Name: STELLMACHER, JON
Address: 4321 NORTH BALLARD RD
City-St-Zip: APPLETON, WI 54919

Title: CFO () Delete
Name: BOUSHEK, RANDALL L
Address: 625 4TH AVE S
City-St-Zip: MINNEAPOLIS, MN 55415

Title: PCEO () Delete
Name: NICHOLSON, BRUCE L
Address: 625 FOURTH AVE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55415

Title: T () Delete
Name: ZASTROW, PAUL B
Address: 625 FOURTH AVE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55415

Title: SVP () Delete
Name: RASMUSSEN, TERESA J
Address: 625 FOURTH AVE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55415

Title: SVP () Delete
Name: MARTIN, JENNIFER H
Address: 625 FOURTH AVE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL B ZASTROW

T

04/08/2009

Electronic Signature of Signing Officer or Director

Date