

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 831571

FILED  
Apr 07, 2010  
Secretary of State

**Entity Name:** AMERIPRISE FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

1098 AMERIPRISE FINANCIAL CENTER  
MINNEAPOLIS, MN 55475

**New Principal Place of Business:**

**Current Mailing Address:**

1098 AMERIPRISE FINANCIAL CENTER  
MINNEAPOLIS, MN 55475

**New Mailing Address:**

**FEI Number:** 41-0973005

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** FROUDE, DONALD E  
**Address:** 1098 AMERIPRISE FINANCIAL CENTER  
**City-St-Zip:** MINNEAPOLIS, MN 55475

**Title:** DIR  
**Name:** CRACCHIOLO, JAMES MICHAEL  
**Address:** 1098 AMERIPRISE FINANCIAL CENTER  
**City-St-Zip:** MINNEAPOLIS, MN 55475

**Title:** VP  
**Name:** TELVI, NEDI  
**Address:** 1098 AMERIPRISE FINANCIAL CENTER  
**City-St-Zip:** MINNEAPOLIS, MN 55474

**Title:** SEC  
**Name:** MOORE, THOMAS RICHARD  
**Address:** 1098 AMERIPRISE FINANCIAL CENTER  
**City-St-Zip:** MINNEAPOLIS, MN 55474

**Title:** TD  
**Name:** BERMAN, WALTER STANLEY  
**Address:** 1098 AMERIPRISE FINANCIAL CENTER  
**City-St-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:** MICHELLE DONATO

POA

04/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date