2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 03, 2004 8:00 am **Secretary of State DOCUMENT # 835382** 1. Entity Name 03-03-2004 90007 017 ***150.00 MFS/SUN LIFE FINANCIAL DISTRIBUTORS, INC. Principal Place of Business Mailing Address ONE SUN LIFE EXECUTIVE PARK ONE SUN LIFE EXECUTIVE PARK WELLESLEY HILLS MA 02481 WELLESLEY HILLS MA 02481 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 04-2470476 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D Director K Delete TITLE X Addition NAME MCNULTY, JAMES 111 NAME Salipante, Robert C. STREET ADDRESS ONE SUN LIFE EXECUTIVE PARK STREET ADDRESS One Sun Life Executive Park WELLESLEY HILLS MA 02481 Wellesley Hills, MA 02481 CITY-ST-ZIP CITY-ST-ZIP President TITLE ☐ Delete TITLE Change ☐ Addition Seitz, Thomas SIETZ, THOMAS NAME NAME 131 Oliver Street 500 BOYLSTON STREET STREET ADDRESS STREET ADDRESS Boston, MA 02110 **BOSTON MA** CITY-ST-ZIP CITY-ST-ZIP VP & Chief Compliance Officer□ Change Delete TITLE VPCC TITLE X Addition GOSS, NORTON'A'II Maden, George E. NAME NAME One Sun Life Executive Park STREET ADDRESS ONE SUN LIFE EXECUTIVE PARK STREET ADDRESS Wellesley Hills, MA 02481 CITY-ST-ZIP WELLESLEY HILLS MA 02481 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition BEAULIEU, MARTIN E NAME **500 BOYLYSTON STREET** STREET ADDRESS STREET ADDRESS **BOSTON MA** CITY-ST-7IP CITY-ST-ZIP Secretary Delete ☐ Change X Addition TITLE MADEN, GEORGE E King, Ellen B. NAME NAME One Sun Life Executive Park 15 MORSE RD. STREET ADDRESS STREET ADDRESS Wellesley Hills, MA 02481 SHERBORN MA 01770 CITY-ST-ZIP CITY-ST-ZIP VPT TITLE Fin Ops Principal & Treasurer□ Change TITLE **X** Delete ★ Addition SCOON, DAVEY Jette, Jane F. NAME NAME ONE SUN LIFE EXECUTIVE PARK STREET ADDRESS STREET ADDRESS One Sun Life Executive Park WELLESLEY HILLS MA 02481 Wellesley Hills, MA 02481 CITY-ST-ZIP

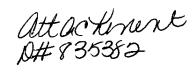
SIGNATURE:

changed, or on an attachment with an address, with all other like empowered,

Ellen B. King

hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if

FILED



MFS/Sun Life Financial Distributors, Inc.

Officers

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Assistant Vice President & Tax Officer

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Sun Life Financial

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