

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90024 009 ***150.00

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05262006 Chg-P CR2E034 (11/05)

DOCUMENT # 835382 1. Entity Name SUN LIFE FINANCIAL DISTRIBUTORS, INC.					
Principal Place of Business ONE SUN LIFE EXECUTIVE PARK SC 1335 WELLESLEY HILLS, MA 02481			Mailing Address ONE SUN LIFE EXECUTIVE PARK SC 1335 WELLESLEY HILLS, MA 02481		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 04-2470476 Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALIPANTE, ROBERT C ONE SUN LIFE EXECUTIVE PARK WELLESLEY HILLS, MA 02481	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HART, KEVIN J 131 OLIVER STREET BOSTON, MA 02110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hart, Kevin J. 131 Oliver Street Boston, MA 02110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCC MADEN, GEORGE E ONE SUN LIFE EXECUTIVE PARK WELLESLEY HILLS, MA 02481	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAULIEU, MARTIN E 500 BOYLSTON STREET BOSTON, MA	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, ELLEN B ONE SUN LIFE EXECUTIVE PARK WELLESLEY HILLS, MA 02481	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FOPT JETTE, JANE F ONE SUN LIFE EXECUTIVE PARK WELLESLEY HILLS, MA 02481	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE			Michael S. Bloom		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7/19/2006 (781) 416-2135 <small>Date Daytime Phone #</small>		

ATTACHMENT

Sun Life Financial Distributors, Inc. – Officers and Directors Continued

Steven C. Cooney
Primary Address:

Chief of Staff
Sun Life Financial Distributors, Inc.
131 Oliver Street
Boston, Massachusetts 02110

40100742
#835382

Gary Corsi
Primary Address:

Director
Sun Life Assurance Company of Canada
One Sun Life Executive Park
Wellesley Hills, Massachusetts 02481 (United States)

Scott M. Davis
Primary Address:

Director
Sun Life Assurance Company of Canada
One Sun Life Executive Park
Wellesley Hills, Massachusetts 02481 (United States)

Mary M. Fay
Primary Address:

Director
Sun Life Assurance Company of Canada
One Sun Life Executive Park, SC 4250
Wellesley Hills, Massachusetts 02481 (United States)

Michael S. Bloom
Primary Address:

Secretary
Sun Life Assurance Company of Canada
One Sun Life Executive Park
Wellesley Hills, Massachusetts 02481 (United States)

Kathleen T. Baron
Primary Address:

Chief Compliance Officer
Sun Life Assurance Company of Canada
One Sun Life Executive Park
Wellesley Hills, Massachusetts 02481 (United States)

David G. Byrnes
Primary Address:

National Sales Manager
Sun Life Financial Distributors, Inc.
131 Oliver Street
Boston, Massachusetts 02110

Trevor V. Graham
Primary Address:

Assistant Vice President and Controller
Sun Life Financial Distributors, Inc.
131 Oliver Street
Boston, Massachusetts 02110 (United States)

Julia H. Holloway
Primary Address:

Vice President and Chief Administrative Officer
Sun Life Financial Distributors, Inc.
131 Oliver Street
Boston, Massachusetts 02110 (United States)

Janet V. Whitehouse
Primary Address:

Vice President, Human Resources & Public Relations
Sun Life Assurance Company of Canada
One Sun Life Executive Park
Wellesley Hills, Massachusetts 02481 (United States)