## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#835382** 

Entity Name: SUN LIFE FINANCIAL DISTRIBUTORS, INC.

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
ONE SUN LIFE EXECUTIVE PARK SC 1335				ONE SUN LIFE EXECUTIVE PARK SC 2335			
WELLESLEY HILLS, MA 02481				WELLESLEY HILLS, MA 02481			
Current Mailing Address:				New Mailing Address:			
ONE SUN LIFE EXECUTIVE PARK SC 1335 WELLESLEY HILLS, MA 02481			ONE SUN LIFE EXECUTIVE PARK SC 2335 WELLESLEY HILLS, MA 02481				
				nber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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			
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	HART, KEVIN J	Delete LANCE, SUITE 700 2116		Title: Name: Address: City-St-Zip:	MULLEN, TERR	PLANCE, SUITE 700	
Title: Name: Address: City-St-Zip:	GRAHAM, TREV	LACE, SUITE 700		Title: Name: Address: City-St-Zip:	HOLLOWAY, JU ONE SUN LIFE	Change ( ) Addition JLIA H EXECUTIVE PARK ILLS, MA 02481	
Title: Name: Address: City-St-Zip:	BLOOM, MICHAE	XECUTIVE PARK		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () I DAVIS, SCOTT N ONE SUN LIFE E WELLESLEY HIL	1 XECUTIVE PARK		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	FAY, MARY M	Delete EXECUTIVE PARK LLS, MA 02481		Title: Name: Address: City-St-Zip:	FRIESEN, RON ONE SUN LIFE	Change ( ) Addition ALD H EXECUTIVE PARK ILLS, MA 02481	
Title: Name: Address: City-St-Zip:	FRIESEN, RONA	XECUTIVE PARK		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL S. BLOOM S 04/01/2009