


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90012 020 ***150.00

DOCUMENT # 846490	
1. Entity Name LPL FINANCIAL CORPORATION	

Principal Place of Business 9785 TOWNE CENTRE DRIVE SAN DIEGO, CA 92121-1958	Mailing Address ONE BEACON ST., 22ND FLOOR BOSTON, MA 02108
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01312008 Chg-P CR2E034 (12/06)	
4. FEI Number 95-2834236	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	CFOT <input type="checkbox"/> Delete
NAME	MAHER, C. WILLIAM
STREET ADDRESS	9785 TOWNE CENTRE DRIVE
CITY-ST-ZIP	SAN DIEGO, CA 92121
TITLE	MS <input type="checkbox"/> Delete
NAME	BROWN, STEPHANIE L
STREET ADDRESS	ONE BEACON ST 22ND FLOOR
CITY-ST-ZIP	BOSTON, MA 02108
TITLE	PCD <input checked="" type="checkbox"/> Delete
NAME	CASSADY, MARK
STREET ADDRESS	ONE BEACON ST 22ND FLOOR
CITY-ST-ZIP	BOSTON, MA 02108
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	STEARNS, ESTHER
STREET ADDRESS	9785 TOWNE CENTRE DRIVE
CITY-ST-ZIP	SAN DIEGO, CA 92112
TITLE	M <input type="checkbox"/> Delete
NAME	BLACK, STEVEN
STREET ADDRESS	9785 TOWNE CENTRE DRIVE
CITY-ST-ZIP	SAN DIEGO, CA 92121
TITLE	M <input type="checkbox"/> Delete
NAME	ANDERSON, LINCOLN
STREET ADDRESS	ONE BEACON STREET 22ND FLOOR
CITY-ST-ZIP	BOSTON, MA 02108

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CD Cassady, mark
STREET ADDRESS	one Beacon St, 22nd Floor
CITY-ST-ZIP	Boston, MA 02108
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD Stearns, Esther
STREET ADDRESS	9785 Towne Centre Drive
CITY-ST-ZIP	San Diego, CA 92121
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: <i>Stephanie L. Brown</i>	DATE: 1/31/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	