


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F04000002389	
1. Entity Name ING INVESTMENT MANAGEMENT CO.	

Principal Place of Business 230 PARK AVENUE, 14TH FLOOR NEW YORK, NY 10169	Mailing Address 230 PARK AVENUE, 14TH FLOOR NEW YORK, NY 10169
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04222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 06-0888148	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	CD CRISPIN, ROBERT 230 PARK AVENUE, 14TH FLOOR NEW YORK, NY 10169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO FOX, SCOTT 230 PARK AVENUE, 14TH FLOOR NEW YORK, NY 10169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CIO NELSON, RICK 230 PARK AVENUE, 14TH FLOOR NEW YORK, NY 10169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GYRA, PAUL 230 PARK AVENUE, 14TH FLOOR NEW YORK, NY 10169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCGREEVEY, GREG 230 PARK AVENUE, 14TH FLOOR NEW YORK, NY 10169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBER, MARK 230 PARK AVENUE, 14TH FLOOR NEW YORK, NY 10169

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04/30/05-80086-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary, 4/28/05 (212) 3093568