## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000002389

Entity Name: ING INVESTMENT MANAGEMENT CO

FILED Apr 13, 2009 Secretary of State

Littly Na	ille. 1110 1111	STWENT WANAGEWENT	50.				
Current P	urrent Principal Place of Business:			New Principal Place of Business:			
230 PARK AVENUE, 14TH FLOOR NEW YORK, NY 10169				230 PARK AVENUE NEW YORK, NY 10169			
Current Mailing Address:			New Mailing Address:				
	AVENUE, 147 RK, NY 10169	TH FLOOR	LOOR 230 PARK AVENUE NEW YORK, NY 10169				
FEI Number	: 06-0888148	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )		
Name and	l Address of C	Current Registered Agent:	Name and	Address of	f New Registered Agent:		
TALLAHA: The above	e of Florida.		e purpose of changing i	ts registerec	d office or registered agent, or b		
0.0		nic Signature of Registered A	\gent		Date		
Election Car	mpaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	LEARY, ROBE	NUE, 14TH FLOOR	Title: Name: Address: City-St-Zip:		()Change ()Addition		
Title: Name: Address: City-St-Zip:	LINS, GERALD	NUE, 14TH FLOOR	Title: Name: Address: City-St-Zip:		()Change ()Addition		
Title: Name: Address: City-St-Zip:	NELSON, RICK	NUE, 14TH FLOOR	Title: Name: Address: City-St-Zip:	GYRA, PAUL	VENUE, 14TH FLOOR		
Title: Name: Address: City-St-Zip:	GYRA, PAUL	Delete NUE, 14TH FLOOR Y 10169	Title: Name: Address: City-St-Zip:	WEBER, MA	VENUE, 14TH FLOOR		
Title: Name: Address: City-St-Zip:	WEBER, MARK	NUE, 14TH FLOOR	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: GERALD T. LINS SECR 04/13/2009