

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90243 020 \*\*\*150.00

<b>DOCUMENT # F04000003505</b> 1. Entity Name <b>METLIFE INVESTORS DISTRIBUTION COMPANY</b>					
Principal Place of Business <b>13045 TESSON FERRY RD. ST. LOUIS, MO 63128</b>			Mailing Address <b>ONE METLIFE PLAZA 27-01 QUEENS PLAZA NORTH LONG ISLAND CITY, NY 11101</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>43-1906210</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SYLVESTER, PAUL</b> <b>13045 TESSON FERRY RD</b> <b>SAINT LOUIS, MO 63128</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PEARSON, RICHARD C</b> <b>FIVE PARK PLAZA</b> <b>IRVINE, CA 92614</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PETERSEN, JOHN E</b> <b>13045 TESSON FERRY RD.</b> <b>ST. LOUIS, MO 63128</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KOEGER, JAMES W</b> <b>13045 TESSON FERRY RD.</b> <b>ST. LOUIS, MO 63128</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FARRELL, MICHAEL K</b> <b>10 PARK AVE</b> <b>MORRISTOWN, NJ 07962</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>HARRISON, GREGORY M</b> <b>ONE METLIFE PLAZA 27-01 QUEENS PLAZA NORTH</b> <b>LONG ISLAND CITY, NY 11101</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Paul Sylvester</b> <b>10 Park Avenue</b> <b>Morristown, NJ 07962</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Craig W. Markham</b> <b>13045 Tesson Ferry Road</b> <b>St. Louis, MO 63128</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Treasurer</b> <b>James W. Koeger</b> <b>13045 Tesson Ferry Road</b> <b>St. Louis, MO 63128</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Vice President</b> <b>Gregory M. Harrison</b> <b>One MetLife Plaza, 27-01 Queens Plaza N.</b> <b>Long Island City, NY 11101</b>	<input checked="" 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.					
<b>SIGNATURE:</b> <i>Gregory M. Harrison</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Gregory M. Harrison Assistant Vice President,		04/11/2007, 212-578-4852 <small>Date Daytime Phone #</small>	