

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002579

Entity Name: RYDEX DISTRIBUTORS, INC.

FILED
Jun 05, 2008
Secretary of State

Current Principal Place of Business:

9601 BLACKWELL RD - STE 500
ROCKVILLE, MD 20850

New Principal Place of Business:

Current Mailing Address:

9601 BLACKWELL RD - STE 500
ROCKVILLE, MD 20850

New Mailing Address:

FEI Number: 52-1966988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: C () Delete
Name: VIRAGH, ROBERT J
Address: 9601 BLACKWELL RD - STE 500
City-St-Zip: ROCKVILLE, MD 20850

Title: PT () Delete
Name: VERBONCOEUR, CARL G
Address: 9601 BLACKWELL RD - STE 500
City-St-Zip: ROCKVILLE, MD 20850

Title: S () Delete
Name: FARRAGHER, KEVIN
Address: 9601 BLACKWELL RD - STE 500
City-St-Zip: ROCKVILLE, MD 20850

Title: CFO () Delete
Name: BROPHY, PETER J
Address: 9601 BLACKWELL RD - STE 500
City-St-Zip: ROCKVILLE, MD 20850

Title: D () Delete
Name: DAHL, JEAN M
Address: 9601 BLACKWELL RD - STE 500
City-St-Zip: ROCKVILLE, MD 20850

Title: D (X) Delete
Name: VIRAGH, KATHERINE A
Address: 9601 BLACKWELL RD - STE 500
City-St-Zip: ROCKVILLE, MD 20850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: VERBONCOEUR, CARL G
Address: 9601 BLACKWELL RD - STE 500
City-St-Zip: ROCKVILLE, MD 20850

Title: D (X) Change () Addition
Name: RUVOLI, GREGG A
Address: 9601 BLACKWELL RD - STE 500
City-St-Zip: ROCKVILLE, MD 20850

Title: SD (X) Change () Addition
Name: FARRAGHER, KEVIN
Address: 9601 BLACKWELL RD - STE 500
City-St-Zip: ROCKVILLE, MD 20850

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SWANK, THOMAS A
Address: ONE SECURITY BENEFIT PLACE
City-St-Zip: TOPEKA, KS 66636 00

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS A SWANK

D

06/05/2008

Electronic Signature of Signing Officer or Director

Date