

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003776

FILED
Apr 29, 2011
Secretary of State

Entity Name: AFFILIATED MANAGERS GROUP, INC.

Current Principal Place of Business:

600 HALE STREET
PRIDES CROSSING, MA 01965

New Principal Place of Business:

Current Mailing Address:

600 HALE STREET
PRIDES CROSSING, MA 01965

New Mailing Address:

FEI Number: 04-3218510

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

OFFICERS AND DIRECTORS:

Title: D
Name: NUTT, WILLIAM J
Address: 600 HALE STREET
City-St-Zip: PRIDES CROSSING, MA 01965

Title: C
Name: HEALEY, SEAN M
Address: 600 HALE STREET
City-St-Zip: PRIDES CROSSING, MA 01965

Title: CEO
Name: HEALEY, SEAN M
Address: 600 HALE STREET
City-St-Zip: PRIDES CROSSING, MA 01965

Title: D
Name: BYRNE, SAMUEL T
Address: 600 HALE STREET
City-St-Zip: PRIDES CROSSING, MA 01965

Title: VPCO
Name: DALTON, NATHANIEL
Address: 600 HALE STREET
City-St-Zip: PRIDES CROSSING, MA 01965

Title: EVP
Name: KINGSTON, JOHN III
Address: 600 HALE STREET
City-St-Zip: PRIDES CROSSING, MA 01965

I hereby 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 all other like empowered.

SIGNATURE: JOHN KINGSTON, III

EVP

04/29/2011

Electronic Signature of Signing Officer or Director

Date