## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F09000003776

Entity Name: AFFILIATED MANAGERS GROUP, INC.

FILED Feb 29, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

600 HALE STREET

PRIDES CROSSING, MA 01965

Current Mailing Address: New Mailing Address:

600 HALE STREET

PRIDES CROSSING, MA 01965

FEI Number: 04-3218510 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: [

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: [

Name: BYRNE, SAMUEL T Address: 600 HALE STREET

City-St-Zip: PRIDES CROSSING, MA 01965

Title: F

Name: DALTON, NATHANIEL Address: 600 HALE STREET

City-St-Zip: PRIDES CROSSING, MA 01965

Title: VC

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 VC 02/29/2012