

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000002435

1. Entity Name
SECURIAN FINANCIAL NETWORK, INC.



Principal Place of Business
**400 ROBERT STREET NORTH
ST PAUL, MN 55101 US**

Mailing Address
**400 ROBERT STREET NORTH
ST PAUL, MN 55101 US**



03172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-1741986

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000278508
03/28/05-80029-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PC
SENKLER, ROBERT
400 ROBERT STREET NORTH
ST PAUL, MN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPSD
PROHOFSKY, DENNIS
400 ROBERT STREET NORTH
ST PAUL, MN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
STRONG, GREGORY
400 ROBERT STREET NORTH
ST PAUL, MN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
BRUDER, JOHN
400 ROBERT STREET NORTH
ST PAUL, MN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
JOHNSON, JAMES
400 ROBERT STREET NORTH
ST PAUL, MN**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/05
Date

651-665-3500
Daytime Phone #