

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000002718

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ING FINANCIAL ADVISERS, LLC

**Current Principal Place of Business:**

ONE ORANGE WAY  
WINDSOR, CT 06095

**New Principal Place of Business:**

**Current Mailing Address:**

20 WASHINGTON AVE. S.  
ROUTE 1226  
MINNEAPOLIS, MN 55401

**New Mailing Address:**

**FEI Number:** 06-1375177

**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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** BARHORST, RONALD R  
**Address:** ONE ORANGE WAY  
**City-St-Zip:** WINDSOR, CT 06095

**Title:** MGR  
**Name:** COMER, BRIAN D  
**Address:** ONE ORANGE WAY  
**City-St-Zip:** WINDSOR, CT 06095

**Title:** MGR  
**Name:** LINDBERG, KARL S  
**Address:** 909 LOCUST STREET  
**City-St-Zip:** DES MOINES, IA 50309

**Title:** MGR  
**Name:** CAROL, STERN  
**Address:** 601 THIRTEENTH STREET NW  
**City-St-Zip:** WASHINGTON, DC 20005

**Title:** MGR  
**Name:** PRICE, RANDALL K  
**Address:** 20 WASHINGTON AVENUE SO  
**City-St-Zip:** MINNEAPOLIS, MN 55401

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** RANDALL K. PRICE

MGR

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date