


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91027 038 \*\*\*150.00

**DOCUMENT # M70313**  
 1. Entity Name  
**FIFTH THIRD FUNDS DISTRIBUTOR, INC.**



Principal Place of Business Mailing Address  
**CORP FINANCE-TAX, ATTN: K. POTTS** **3435 STELZER RD**  
**3435 STELZER RD, STE. 1000** **STE 1000**  
**COLUMBUS, OH 43219-8026 US** **COLUMBUS, OH 43219-8026 US**

**44037163**



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01262004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number **13-3466165**  
 Applied For Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE, FL 32301**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **CD**  Delete  
 NAME **MANGUM, LYNN J**  
 STREET ADDRESS **150 CLOVE ROAD**  
 CITY-ST-ZIP **LITTLE FALLS, NJ 07424**

TITLE **CEO/Director**  Change  Addition  
 NAME **Russell P. Fradin**  
 STREET ADDRESS **90 Park Ave., 10th Fl.**  
 CITY-ST-ZIP **New York, NY 10016**

TITLE **EVP**  Delete  
 NAME **SHEEHAN, DENNIS**  
 STREET ADDRESS **150 CLOVE RD**  
 CITY-ST-ZIP **LITTLE FALLS, NJ 07424**

TITLE **EVP/CEO/Treasurer/Director**  Change  Addition  
 NAME **James L. Fox**  
 STREET ADDRESS **100 Summer St., Suite 1901**  
 CITY-ST-ZIP **Boston, MA 02110**

TITLE **SVP**  Delete  
 NAME **GILLIAM, JOHN P.**  
 STREET ADDRESS **3435 STELZER ROAD**  
 CITY-ST-ZIP **COLUMBUS, OH 43219**

TITLE **Asst. Secretary**  Change  Addition  
 NAME **Edward S. Forman**  
 STREET ADDRESS **245 5th Ave.**  
 CITY-ST-ZIP **New York, NY 10016**

TITLE **EVPS**  Delete  
 NAME **DELL, KEVIN**  
 STREET ADDRESS **150 CLOVE ROAD**  
 CITY-ST-ZIP **LITTLE FALLS, NJ 07424**

TITLE **EVP**  Change  Addition  
 NAME **Mark J. Rybarczyk**  
 STREET ADDRESS **11 Greenway Plaza**  
 CITY-ST-ZIP **Houston, TX 77046**

TITLE **VP**  Delete  
 NAME **BOOTH, CHARLES L**  
 STREET ADDRESS **3435 STELZER RD. SUITE 1000**  
 CITY-ST-ZIP **COLUMBUS, OH 43219**

TITLE **Vice President**  Change  Addition  
 NAME **Kyndall J. Potts**  
 STREET ADDRESS **3435 Stelzer Rd**  
 CITY-ST-ZIP **Columbus, OH 43219**

TITLE **P**  Delete  
 NAME **TOMKO, WILLIAM J**  
 STREET ADDRESS **3435 STELZER RD. SUITE 1000**  
 CITY-ST-ZIP **COLUMBUS, OH 43219**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_ **4/20/04** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #