FILE NOW: Fee after May 1, will be $588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 APR 23 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE $ 203.75

Annual Report $100.00 + $103.75 Corporation Supplemental Fee

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DOCUMENT # M95000000057

1. Name and Mailing Address of Limited Liability Company

MML DISTRIBUTORS, LLC
~~140 GARDEN STREET~~
~~HARTFORD CT 06154~~

1a. Principal Place of Business Address

~~140 GARDEN STREET~~
~~HARTFORD CT 06154~~

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
1414 Main Street	1414 Main Street	03/07/1995	CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For
		04-3356880 ~~06-1413151~~	☐ Not Applicable
City & State	City & State	5. Date of Last Report	6. Certificate of Status Desired
Springfield, MA	Springfield, MA	03/06/1996	$8.75 Additional Fee Required ☐
Zip / Country	Zip / Country		
01144 / Hampden	01144 / Hampden		

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) 100002158851---5 Suite, Apt. #, etc. -04/23/97--01085--022 ****203.75 ****203.75 City / Zip Code FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
~~MGRM~~	~~CONNECTICUT MUTUAL L.~~	~~140 GARDEN STREET~~	~~HARTFORD CT~~
~~MGRM~~	~~CM STRATEGIC VENTURES,~~	~~140 GARDEN STREET~~	~~HARTFORD CT~~
MGRM	Massachusetts Mutual Life Insurance, Co.	1295 State Street	Springfield, MA 01111
MGRM	G.R. Phelps & Co., Inc	1414 Main Street	Springfield, MA 01144

D. Alan 4/23/97

11. I do 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 annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: John O'Connor 4/16/97
John O'Connor, President of G.R. Phelps & Co., Inc. (Member) 413-737-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

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