

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0017196 AB

DOCUMENT # M95000000057

1. Entity Name
MML DISTRIBUTORS, LLC

00 APR 18 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1414 MAIN STREET
SPRINGFIELD MA 01144

Mailing Address
1414 MAIN STREET
SPRINGFIELD MA 01144-1008



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

mm

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3356880

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. 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)

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☐ Delete
MASSACHUSETTS MUTUAL LIFE INSURANCE, CO.
STREET ADDRESS 1295 STATE STREET
CITY- ST- ZIP SPRINGFIELD MA 01111

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME MGRM ☐ Delete
G.R. PHELPS & CO., INC.
STREET ADDRESS 1414 MAIN STREET
CITY- ST- ZIP SPRINGFIELD MA 01144

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 800003238188--3
CITY- ST- ZIP -05/03/00--01133--005
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

11. 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 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.

Kenneth M. Rickson, President/Member Representative of G.R.Phelps & Co., Inc.

SIGNATURE: *Kenneth M. Rickson* 04/17/2000 (800)542-6767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)