

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90205 038 ***150.00

DOCUMENT # P02758

1. Entity Name

RELIASTAR INVESTMENT RESEARCH, INC.

Principal Place of Business

100 WASHINGTON AVE S
SUITE 700
MINNEAPOLIS MN 55401
US

Mailing Address

100 WASHINGTON AVE S
SUITE 700
MINNEAPOLIS MN 55401-2136
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-1412933

Applied For

Not Applicable

5. Certificate of Status Desired. ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO
NAME JORDAHL, MARK S
STREET ADDRESS 20 WASHINGTON AVENUE, S
CITY-ST-ZIP MINNEAPOLIS MN 55401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
See attached list

TITLE D
NAME TURNER, JOHN GOSNEY
STREET ADDRESS 6701 PARKWOOD LANE
CITY-ST-ZIP MINNEAPOLIS MN ☒ Delete

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

TITLE S
NAME BERGAM, SUSAN
STREET ADDRESS 20 WASHINGTON AVENUE, S
CITY-ST-ZIP MINNEAPOLIS MN 55401 ☐ Delete

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

TITLE AS
NAME RENELT, CORALEE A
STREET ADDRESS 20 WASHINGTON AVENUE, S
CITY-ST-ZIP MINNEAPOLIS MN 55401 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME Salipante, Robert C.
STREET ADDRESS 20 Washington Ave S.
CITY-ST-ZIP Minneapolis, MN 55401 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME Crowl, Richard R.
STREET ADDRESS 20 Washington Ave S.
CITY-ST-ZIP Minneapolis, MN 55401 ☐ Change ☐ Addition

13. 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 11 or Block 12 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

Coralee A. Renelt

4/7/00

Date

412-342-3514

Daytime Phone #