## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2008 8:00 am Secretary of State 04-29-2008 90075 018 \*\*\*150.00

1. Entity Name MML INVESTORS SERVICES, INC.						400	เบยผงง				
Principal Place of Business			Mailing Address		·						
1295 STATE ST. SPRINGFIELD, MA 01111-0001 US			1295 STATE ST. SPRINGFIELD, MA 01111-0001 US			1198116811	Vi 1904 marii biria (irin 18)	:  <b>   </b>	DIDA DITIN TIDI		
2. Principal Place of Business - No P.O. Box # 1295 State Street			3. Mailing Address 1295 State Street								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04232008	Chg-P	CR2E03	4 (12/06)		
City & State Springfield, MA			City & State Springfield, MA			4. FEI Numb 04-274			No	plied For t Applicable	
01111-	111-0001 Country USA		Zip 01111-0001	Coun	•		e of Status Desired	<u>ن</u> ك	8.75 Addi		
	6. Name	and Address of Current i	Registered Agent		Name	/. Name and	d Address of New R	registered Ag	leut		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33334				Street Address (P.O. Box Number is Not Acceptable)							
FEATATION, FE 33334				City Page Zip Code							
				-	City FL Zip Code						
	named entity tions of registe		the purpose of changing its	registere	ed office or re	gistered agent, or bo	oth, in the State of Flo	orida. I am fa	miliar with, a	and accept	
		<b></b>									
SIGNATURE.	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	d Agent signature n	equired when reinstating)		DATE			
					· <del>-</del> ·····						
		FEE IS \$150.00 Fee will be \$550.0	9. Election Campai Trust Fund Contr	-	icing	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRECTORS 11.			11.		ADDITIONS	/CHANGES TO OFF	ICERS AND D	DIRECTORS	IN 11	
TITLE				TITLE	-		_	ļ	Change	Addition	
NAME Street Address	THOMSON, RONALD E				ET ADDRESS F	Pugh, Burvin E.					
CITY-ST-ZIP	SPRINGFIELD, MA 01111			CITY		1295 State Street Springfield, MA 01111-0001					
TITLE	T Delete TITL			TITLE					Change	Addition	
NAME	- · · · · · - , · · - · · · ·			NAME		accaro, Jo	hn				
STREET ADDRESS CITY-ST-ZIP					. ST-7IP	.295 State					
TITLE	S	CED, WK OTTH	Defele	TITLE		-	<del>1, MA -0111</del>	.1-0001	Chance	X Addition	
NAME				NAME	.   1	/ Brodeur, Mi	chaol		onlinge	(-y) tadition	
STREET ADDRESS	SS 1295 STATE STREET			4	ET ADDRESS   1	.295 State					
CITY-ST-ZIP	SPRINGFIELD, MA 01111 CIT		CITY-	ST-ZIP	<del>Borinafield</del>	<del>1, MA   Oll1</del>	1-0001				
TITLE	D CLAVIN V	L711 1 1 A S A F	☐ Delete	TITLE	L	,		-	Change	Addition K	
NAME STREET ADDRESS 1	GLAVIN, V 1295 STAT			NAME STREE		Sarsynski,					
CITY-ST-ZIP	· •			CT 710	l295 State		1 0001				
TITLE	PD		☐ Delete	TITLE	Ī	) <del>pringrici</del>	<del>I, MA 0111</del>	1 -0001	Change	Addition	
NAME	FANNING,			NAME	1.5	Rollings, N	Michael				
STREET ADDRESS CITY-ST-ZIP				FI ADDRESS I	1295 State						
TITLE	D Delete TITLE			5	<del>Springfield</del>	<del>), MA   Olli</del>	<del>l1-0001</del> ;	Change	<b>⊀</b> Addition		
NAME	RICKSON, KENNETH M			.   1	) Dogwona Cr	cocorri	•				
STREET ADDRESS				T AUUNESS   1	Deavens, Gr LOO Bright	regory Meadow Blv	7 <b>.</b> 7				
CITY-ST-ZIP	I-2IP SPRINGFIELD, MA 01111  CITY-SI-Z  hereby certify that the information supplied with this filing does not qualify for the exempt										
12. Thereby c											
			this filing does not qualify for true and accurate and that m wered to execute this report a fith all other like empowered.								

Robert S. Rosenthal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/28/08

Date

413-744-7885

Daytime Phone #

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT

ANNUAL REPORT												
DOCUMENT # P10429  1. Entity Name  MML INVESTORS SERVICES, INC.			)									
Principal Place of Business 1295 STATE ST. SPRINGFIELD, MA 01111-0001 US			Mailing Address 1295 STATE ST. SPRINGFIELD, MA 01111-0001 US				1100000 /	1,010	Z26	2 <i>2</i>		
1295 State Street			3. Mailing Address 1295 State Street				1	$\mu\nu\nu\delta$	كمر			
Suite, Apt. #, etc.				Suite, Apt. #, etc.  City & State			04232008 4, FEI Numbe	Chg-P er	CR2E03	34 (12/06)	plied For	
Zip	City & State Springfield). MA  Zip Country		City & State Springfield, MA Zip Coun		itry	04-:		6212 of Status Desired			t Applicable	
01111-	1-0001 USA			01111-0001 USA			***		Fee Required  Address of New Registered Agent			
C T CORPORATION SYSTEM					Name Street A			er is Not Acceptabl				
the obligat	a named entity tions of regist		the purpose of changing its	registere	City ed office or	registered	d agent, or bo	th, in the State of Fl	FL orida. I am fa	Zip Code amiliar with,		
SIGNATURE.	Signature, typed	or printed name of registered agent a	and title if applicable. (NOTE	: Registere	d Agent signatu	ure required wi	nen reinstating)		STAG			
		FEE IS \$150.00 3 Fee will be \$550.0	9. Election Campaid Trust Fund Contr		ncing		<b>0</b> May Be to Fees					
10.		OFFICERS AND		11.			ADDITIONS/	CHANGES TO OFF				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1295 STA	N, RONALD E TE ST JELD, MA 01111	☐ Delete			100		issa Meadow Bl 06082-19	vđ.	☐ Change	<b>▲</b> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAHAIE, F 1295 STA SPRINGFI		☐ Defete			T/V Laha	ie, Pet	er G.		<b>☆</b> Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1295 STA	IAL, ROBERT S TE STREET ELD, MA 01111	☐ Delete			Rose 1295	nthal, State				Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLAVIN, V 1295 STAT SPRINGFI		□ Delete	•	I	Glav 1295	in, Wil State			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FANNING, 1295 STAT SPRINGFI		☐ Delete		1	V <sup>-</sup> Monr 1295	oe, Wil State			Changè	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1295 STAT	KENNETH M TE ST ELD, MA 01111	☐ Delete		I	Spri	<del>ngilel</del> d	l, MA Oll	<del>11-000</del> 1	Change	C Addition	
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, Horida Statutes. I rurther 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 attackment with an address, with all other like empowered.  Robert S. Rosenthal 4/28/08 413–744–7885												

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR