


2008 FOR PROFIT CORPORATION ANNUAL REPORT


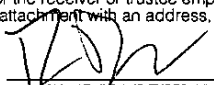
FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90075 018 ***150.00

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		
2. Principal Place of Business - No P.O. Box # 1295 State Street		3. Mailing Address 1295 State Street			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Springfield, MA		City & State Springfield, MA		4. FEI Number 04-2746212	
Zip 01111-0001		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33334			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMSON, RONALD E 1295 STATE ST SPRINGFIELD, MA 01111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pugh, Burvin E. 1295 State Street Springfield, MA 01111-0001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAHAIE, PETER G 1295 STATE ST SPRINGFIELD, MA 01111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Vaccaro, John 1295 State Street Springfield, MA 01111-0001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSENTHAL, ROBERT S 1295 STATE STREET SPRINGFIELD, MA 01111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Brodeur, Michael 1295 State Street Springfield, MA 01111-0001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLAVIN, WILLIAM F 1295 STATE ST SPRINGFIELD, MA 01111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sarsynski, Elaine 1295 State Street Springfield, MA 01111-0001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FANNING, MICHAEL 1295 STATE ST SPRINGFIELD, MA 01111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rollings, Michael 1295 State Street Springfield, MA 01111-0001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKSON, KENNETH M 1295 STATE ST SPRINGFIELD, MA 01111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Deavens, Gregory 100 Bright Meadow Blvd. Enfield, CT 06082-1981	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Robert S. Rosenthal 4/28/08 413-744-7885 <small>Date Daytime Phone #</small>		

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ATTACHMENT

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAHAIE, PETER G 1295 STATE ST SPRINGFIELD, MA 01111 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/V Lahaie, Peter G. 1295 State Street Springfield, MA 01111-0001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSENTHAL, ROBERT S 1295 STATE STREET SPRINGFIELD, MA 01111 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/V Rosenthal, Robert S. 1295 State Street Springfield, MA 01111-0001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLAVIN, WILLIAM F 1295 STATE ST SPRINGFIELD, MA 01111 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C Glavin, William F. 1295 State Street Springfield, MA 01111-0001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FANNING, MICHAEL 1295 STATE ST SPRINGFIELD, MA 01111 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Monroe, William F. 1295 State Street Springfield, MA 01111-0001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKSON, KENNETH M 1295 STATE ST SPRINGFIELD, MA 01111 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: 			Robert S. Rosenthal		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 4/28/08 <small>Daytime Phone #</small> 413-744-7885		