



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90082 033 ***150.00

DOCUMENT # P14401					
1. Entity Name THRIVENT INVESTMENT MANAGEMENT INC.					
Principal Place of Business 625 FOURTH AVE. SOUTH MINNEAPOLIS, MN 55415-1665			Mailing Address 625 FOURTH AVE. S MINNEAPOLIS, MN 55412-1665		
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 39-1559375	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	SRVP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Please See Attached for Complete Listing!
NAME	STELLMACHER, JON M		NAME		
STREET ADDRESS	625 FOURTH AVE. SOUTH		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 554151665		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICHOLSON, BRUCE J		NAME		
STREET ADDRESS	625 FOURTH AVE. SOUTH		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 554151665		CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRANGHOENER, LAWRENCE W		NAME		
STREET ADDRESS	625 FOURTH AVE. SOUTH		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 554151665		CITY-ST-ZIP		
TITLE	DC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILBERT, JOHN O		NAME		
STREET ADDRESS	625 FOURTH AVE. SOUTH		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 554151665		CITY-ST-ZIP		
TITLE	DVS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOODROW, ENO E		NAME		
STREET ADDRESS	625 FOURTH AVE. SOUTH		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 554151665		CITY-ST-ZIP		
TITLE	VCFO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLOSTER, KATIE S		NAME		
STREET ADDRESS	625 FOURTH AVE. SOUTH		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 554151665		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Kurt S. Tuveson, V.P. and C.F.O. 4/28/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT
H0082418
P14401

THRIVENT INVESTMENT MANAGEMENT INC.

625 Fourth Avenue South
Minneapolis, MN 55415-1624

DIRECTORS David M. Anderson
Randall L. Boushek
Woodrow E. Eno
Nikki L. Sorum
James A. Thomsen

OFFICERS	James A. Thomsen	President
	James E. Nelson	Vice President and Secretary
	Kurt Tureson	Vice President and Chief Financial Officer
	David Spangler	Assistant Vice President
	John Bjork	Assistant Secretary
	Wendy Clausz	Assistant Secretary
	Sandra Diedrick	Assistant Secretary
	Stephanie Kircher	Assistant Secretary
	Kenneth Kirchner	Assistant Secretary
	Cindy Nigbur	Assistant Secretary
	Marlene Nogle	Assistant Secretary
	Jennifer Relien	Assistant Secretary
	Nikki L. Sorum	Senior Vice President
	Thomas Mischka	Vice President and Anti-Money Laundering Officer
	John Hite	Vice President and Chief Compliance Officer
	Thomas Schinke	Vice President
	Marnie Loomans-Thuecks	Vice President
	Lyle Hilker	Vice President
	Brian Picard	Assistant VP & Deputy Chief Compliance Officer
	Mike Barth	Assistant Vice President
	Russell W. Swansen	Senior Vice President and Chief Investment Officer
	Katie S. Kloster	VP & Rule 206(4)-7 Chief Compliance Officer
	Janice Guimond	Vice President
	Rand Mattson	Assistant Vice President