

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14401

FILED
Apr 28, 2009
Secretary of State

Entity Name: THRIVENT INVESTMENT MANAGEMENT INC.

Current Principal Place of Business:

625 FOURTH AVE. SOUTH
MINNEAPOLIS, MN 554151665

New Principal Place of Business:

Current Mailing Address:

625 FOURTH AVE. S
MINNEAPOLIS, MN 554121665

New Mailing Address:

625 FOURTH AVE. SOUTH
MINNEAPOLIS, MN 554151665

FEI Number: 39-1559375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMSEN, JAMES A
Address: 625 FOURTH AVE. SOUTH
City-St-Zip: MINNEAPOLIS, MN 554151665

Title: SVP () Delete
Name: SORUM, NIKKE L
Address: 625 FOURTH AVE S
City-St-Zip: MINNEAPOLIS, MN 554151665

Title: VCFO () Delete
Name: TURESON, KURT
Address: 625 FOURTH AVE. SOUTH
City-St-Zip: MINNEAPOLIS, MN 554151665

Title: SVP () Delete
Name: ANDERSON, DAVID M
Address: 625 4TH AVE S
City-St-Zip: MINNEAPOLIS, MN 554151665

Title: AS () Delete
Name: NIGBUR, CYNTHIA
Address: 625 FOURTH AVE. SOUTH
City-St-Zip: MINNEAPOLIS, MN 554151665

Title: AVP () Delete
Name: KLOSTER, DAVE
Address: 625 FOURTH AVE., SOUTH
City-St-Zip: MINNEAPOLIS, MN 554151665

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SORUM, NIKKI L
Address: 625 FOURTH AVE S
City-St-Zip: MINNEAPOLIS, MN 554151665

Title: CFO (X) Change () Addition
Name: TURESON, KURT
Address: 625 FOURTH AVE. SOUTH
City-St-Zip: MINNEAPOLIS, MN 554151665

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KURT TURESON

CFO

04/28/2009

Electronic Signature of Signing Officer or Director

Date