

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90140 028 ***150.00

0689092 AB

DOCUMENT # **P14401**

1. Entity Name
THRIVENT INVESTMENT MANAGEMENT INC.



Principal Place of Business
**222 WEST COLLEGE AVENUE
APPLETON WI 54919**

Mailing Address
**222 WEST COLLEGE AVENUE
APPLETON WI 54919**

11052173



2. Principal Place of Business

625 Fourth Avenue South
Suite, Apt. #, etc.

3. Mailing Address

4321 N. Ballard Road
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

Minneapolis, MN

City & State

Appleton, WI

4. FEI Number **39-1559375**

Applied For
Not Applicable

Zip Country
55415-1665 USA

Zip Country
54919 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	ABITZ, JAMES H	
STREET ADDRESS	222 W COLLEGE AVE	
CITY-ST-ZIP	APPLETON WI 54919	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SAME, ROBERT G	
STREET ADDRESS	222 W COLLEGE AVE	
CITY-ST-ZIP	APPLETON WI 54919	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	ENO, WOODROW E	
STREET ADDRESS	4321 NORTH BALLARD RD	
CITY-ST-ZIP	APPLETON WI 54919-0001	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUDOLPH, CARL J	
STREET ADDRESS	4321 NORTH BALLARD RD	
CITY-ST-ZIP	APPLETON WI 54919-0001	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	AGNEW, BRETT L	
STREET ADDRESS	222 W COLLEGE AVE	
CITY-ST-ZIP	APPLETON WI 54915	
TITLE	T	<input type="checkbox"/> Delete
NAME	KARGUS, JEFFREY R	
STREET ADDRESS	4321 N. BALLARD ROAD	
CITY-ST-ZIP	APPLETON WI 54919	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James H. Abitz	
STREET ADDRESS	625 Fourth Avenue South	
CITY-ST-ZIP	Minneapolis, MN 55415-1665	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruce J. Nicholson	
STREET ADDRESS	625 Fourth Avenue South	
CITY-ST-ZIP	Minneapolis, MN 55415-1665	
TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence W. Stranghoener	
STREET ADDRESS	625 Fourth Avenue South	
CITY-ST-ZIP	Minneapolis, MN 55415-1665	
TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John O. Gilbert	
STREET ADDRESS	625 Fourth Avenue South	
CITY-ST-ZIP	Minneapolis, MN 55415-1665	
TITLE	D/VP/TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Woodrow E. Eno	
STREET ADDRESS	625 Fourth Avenue South	
CITY-ST-ZIP	Minneapolis, MN 55415-1665	
TITLE	VP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Jeffrey R Kargus* **Jeffrey R Kargus** 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)