

1.) CORPORATION NAME:

G. D. van Wagenen Financial Services, Inc.

DUE DATE: **3/31/2011**

SCC ID NO: **F1703018**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11101 ROOSEVELT BLVD N
CITY/ST/ZIP: SAINT PETERSBURG, FL 33716-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MARY R WOOD
TITLE: PRES/DIR
ADDRESS: 6843 CITY W PARKWAY
CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344-

OFFICER DIRECTOR

NAME: B BRADFORD MARTZ
TITLE: DIRECTOR
ADDRESS: 11101 ROOSEVELT BLVD N
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716-

OFFICER DIRECTOR

NAME: RICHARD G TORRA
TITLE: SECRETARY
ADDRESS: 11101 ROOSEVELT BLVD N
CITY/ST/ZIP/CO: SAINT PETERSBURG, FL 33716-

OFFICER DIRECTOR

NAME: JOHN A STRONG
TITLE: VICE CHAIRMAN
ADDRESS: 11101 ROOSEVELT BLVD N
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716-

OFFICER DIRECTOR

NAME: ROBERT M MENKE
TITLE: DIRECTOR
ADDRESS: 11101 ROOSEVELT BLVD N
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716-

OFFICER DIRECTOR

NAME: CONNIE S PARKER TITLE: DIRECTOR ADDRESS: 11101 ROOSEVELT BLVD N CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT WOOD TITLE: VICE PRESIDENT ADDRESS: 6483 CITY WEST PKWY CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: RANDALL J REMPP TITLE: DIRECTOR ADDRESS: 6483 CITY WEST PKWY CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: NANCY KOLOSKI TITLE: DIRECTOR ADDRESS: 6483 CITY WEST PKWY CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: NANCY C HAIRE TITLE: ASST SECRETARY ADDRESS: 11101 ROOSEVELT BLVD N CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ NANCY C HAIRE _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NANCY C HAIRE, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
2/10/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	