

1.) CORPORATION NAME:

G. D. van Wagenen Financial Services, Inc.

DUE DATE: **3/31/2012**

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: ROBERT WOOD
TITLE: VICE PRESIDENT
ADDRESS: 6483 CITY WEST PKWY
CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344-

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: NANCY C HAIRE
TITLE: ASST SECRETARY
ADDRESS: 11101 ROOSEVELT BLVD N
CITY/ST/ZIP/CO: ST PETERSBURG, FL 33716-

OFFICER

DIRECTOR

NAME: NANCY KOLOSKI
TITLE: DIRECTOR
ADDRESS: 6483 CITY WEST PKWY
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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDALL J REMPP DIRECTOR 6483 CITY WEST PKWY EDEN PRAIRIE, MN 55344-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CONNIE S PARKER DIRECTOR 11101 ROOSEVELT BLVD N ST PETERSBURG, FL 33716-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY R WOOD DIRECTOR 6843 CITY W PARKWAY EDEN PRAIRIE, MN 55344-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN A STRONG DIRECTOR 11101 ROOSEVELT BLVD N ST PETERSBURG, FL 33716-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM V NUTT JR PRESIDENT 11101 ROOSEVELT BLVD N ST PETERSBURG, FL 33716-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREA BROST VICE PRESIDENT 6483 CITY WEST PKWY EDEN PRAIRIE, MN 55344-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARGARET MUEHLBERG VICE PRESIDENT 6483 CITY WEST PKWY EDEN PRAIRIE, MN 55344-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF ANDERSON VICE PRESIDENT 6483 CITY WEST PKWY E, MN 55344-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY MELLON VICE PRESIDENT 6483 CITY WEST PKWY EDEN PRAIRIE, MN 55344-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILL POTHEN VICE PRESIDENT 6483 CITY WEST PKWY EDEN PRAIRIE, MN 55344-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: DARCY SNYDER TITLE: VICE PRESIDENT ADDRESS: 6483 CITY WEST PKWY CITY/ST/ZIP/CO: EDEN PRAIRIE, MN 55344-	<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	2/4/2012 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.