| RALPH MO | State of Rhode Island and Providence Plantations Fee: \$50.00 Office of the Secretary of State | | | |
|--|---|--|--|--|
| | Corporations Division | | | |
| | 148 W. River Street | | | |
| Se Chief | Providence, Rhode Island 02904-2615 | | | |
| retary of S | Telephone: (401) 222-3040 | | | |
| Limited Liabilit | | | | |
| Annual Report Filing Period: September 1 - November 1 | | | | |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to | | | | |
| file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. | | | | |
| ANNUAL REPORT YEAR: 2008 | | | | |
| 1. ID No. <u>000157969</u> | | | | |
| 2. Exact Name of the Limited Liability Company Curian Clearing LLC | | | | |
| 3. State of Formation | | | | |
| State: <u>MI</u> | | | | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | | | |
| INVESTMENT ADVIISOR | | | | |
| 5. Principal Offic | e Address | | | |
| No. and Street: | 7801 TECHNOLOGY WAY | | | |
| City or Town: | DENVERState: COZip: 80237Country: USA | | | |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | | |
| Contact Name: A | ATTN: TAX DEPT S35 Contact Title: | | | |
| No. and Street: | <u>1 CORPORATE WAY</u> | | | |
| City or Town: | <u>LANSING</u> State: <u>MI</u> Zip: <u>48951</u> Country: <u>USA</u> | | | |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. | | | | |
| DO NOT LIST | MEMBERS | | | |

| Title | Individual Name | Address |
|---------|-----------------------------|---|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| MANAGER | ANDREW HOPPING | 1 CORPORATE WAY LANSING, MI 48951 USA |
| MANAGER | CLIFFORD JACK | 7601 TECHNOLOGY WAY DENVER, CO 80237 USA |
| MANAGER | MICHAEL WELLS | 401 WILSHIRE BLVD, STE 1100 SANTA MONICA, CA 90401 USA |
| MANAGER | THOMAS J MEYER | 1 CORPORATE WAY LANSING, MI 48951 USA |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 10 WEYBOSSET STREET PROVIDENCE, RI 02903-

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 29 Day of October, 2008 at 9:11:55 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>THOMAS J. MEYER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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