

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000149

FILED
Feb 27, 2007
Secretary of State

Entity Name: H. D. VEST TECHNOLOGY SERVICES, INC.

Current Principal Place of Business:

6333 NORTH STATE HIGHWAY 161
SUITE 400
IRVING, TX 75038

New Principal Place of Business:

Current Mailing Address:

6333 NORTH STATE HIGHWAY 161
SUITE 400 - ACCOUNTING
IRVING, TX 75038

New Mailing Address:

FEI Number: 75-2847559 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: VP () Delete
Name: SCHNEIDER, THOMAS J
Address: WELLS FARGO & CO. 6TH & MARQUETTE
City-St-Zip: MINNEAPOLIS, MN 55479

Title: PD () Delete
Name: OCHS, ROGER C
Address: 6333 N. STATE HWY 161, STE 400
City-St-Zip: IRVING, TX 75038

Title: VP () Delete
Name: HORTON, JAMES A
Address: WELLS FARGO & CO. 6TH & MARQUETTE
City-St-Zip: MINNEAPOLIS, MN 55479

Title: ASD () Delete
Name: HEIFETZ, NEAL
Address: 6333 N. STATE HWY 161, STE 400
City-St-Zip: IRVING, TX 75038

Title: ASD () Delete
Name: KLEIN, JEFF
Address: 6333 N. STATE HWY 161, STE 400
City-St-Zip: IRVING, TX 75038

Title: T () Delete
Name: BENNETT, JOEL
Address: 6333 N. STATE HWY 161, STE. 400
City-St-Zip: IRVING, TX 75038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BECKER, DEAN T
Address: WELLS FARGO & CO. 90 SOUTH 7TH STREET
City-St-Zip: MINNEAPOLIS, MN 55402

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

Title: VP (X) Change () Addition
Name: HORTON, JAMES A
Address: WELLS FARGO & CO. 90 SOUTH 7TH STREET
City-St-Zip: MINNEAPOLIS, MN 55402

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 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: JOEL BENNETT

T

02/27/2007

Electronic Signature of Signing Officer or Director

_____ Date