

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90323 008 ***150.00

DOCUMENT # F00000000149

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



Principal Place of Business
**6333 NORTH STATE HIGHWAY 161
IRVING TX 75038**

Mailing Address
**6333 NORTH STATE HIGHWAY 161
IRVING TX 75038**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **75-2847559**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 **VP** ☐ Delete
NAME **SCHNEIDER, THOMAS J**
STREET ADDRESS **WELLS FARGO & CO. 6TH & MARQUETTE**
CITY-ST-ZIP **MINNEAPOLIS MN 55479**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **OCHS, ROGER**
STREET ADDRESS **6333 NORTH STATE HIGHWAY 161**
CITY-ST-ZIP **IRVING TX 75038**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **HORTON, JAMES A**
STREET ADDRESS **WELLS FARGO & CO. 6TH & MARQUETTE**
CITY-ST-ZIP **MINNEAPOLIS MN 55479**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **NORWOOD, R. BREDT**
STREET ADDRESS **6333 N. STATE HWY 161, STE 400**
CITY-ST-ZIP **IRVING TX 75038**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ASD** ☐ Delete
NAME **KLEIN, JEFF**
STREET ADDRESS **6333 N. STATE HWY 161, STE 400**
CITY-ST-ZIP **IRVING TX 75038**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **JOEL BENNETT**
STREET ADDRESS **6333 N. STATE HWY 161, STE 400**
CITY-ST-ZIP **IRVING, TX 75038**

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 (972)870-6000
Date Daytime Phone #

CR2E034 (10/02)