2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002829

Entity Name: COLDSTREAM FINANCIAL SERVICES INC.

FILED May 19, 2008 Secrefary of State

| Entity Name: 002B0 | TIVEAWIT IIVANOIAE GERVIGEO | o, 1140. | | |
|---|--|---|---|--|
| Current Principal Place of Business: | | New Principal Place of Business: | | |
| 11590 CENTURY BOUL CINCINNATI, OH 45240 | | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 11590 CENTURY BOUL CINCINNATI, OH 45240 | | | | |
| FEI Number: 56-2310317 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | | |
| COMPLIANCE CONSUI 1013 LUCERNE AVENU LAKE WORTH, FL 334 | | | | |
| The above named entity in the State of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electronic Signature of Registered Ager | | ent | Date | |
| | 93(2)(b), F.S., the corporation did no | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |

Title: () Delete Title: PRFS (X) Change () Addition HERR, JEFFREY D HERR, JEFFREY D Name: Name: 3901 LEDGEWOOD DRIVE Address: 1125 SAINT GREGORY ST #303 Address: City-St-Zip: CINCINNATI, OH 45229 City-St-Zip: CINCINNATI, OH 45202 Title: () Delete Title: (X) Change () Addition THOMPSON, J. SCOTT THOMPSON, J. SCOTT Name: Name: Address: 228 EMMING STREET Address: 939 MONASTERY STREET CINCINNATI, OH 45219 CINCINNATI, OH 45202 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete SEC Name: MARX, NOLAN R Name: MARX, NOLAN R Address: 7639 STANDERS KNOLL Address: 7639 STANDERS KNOLL City-St-Zip: HAMILTON, OH 45011 City-St-Zip: WEST CHESTER, OH 45011

I hereby certify that the information supplied with this filing does not qualify 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: LAUREN SMITH 05/19/2008 HR