

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003221

Entity Name: EVOLVE SECURITIES, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

5300 BEE CAVES ROAD
BLDG. 3 - SUITE 100
AUSTIN, TX 78746

New Principal Place of Business:

Current Mailing Address:

5300 BEE CAVES ROAD
BLDG. 3 - SUITE 100
AUSTIN, TX 78746

New Mailing Address:

FEI Number: 20-0698355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: D () Delete
Name: THOMPSON, N. GORDON
Address: 5100 POPLAR AVE., 30TH FLOOR
City-St-Zip: MEMPHIS, TN 38137

Title: SD () Delete
Name: CLEMENT, JOHN
Address: 8000 CENTERVIEW PARKWAY #500
City-St-Zip: CORDOVA, TN 38018

Title: D () Delete
Name: MURPHY, BRIAN
Address: 4760 ORACLE ROAD #306
City-St-Zip: TUCSON, AZ 85705

Title: P () Delete
Name: HURWITZ, DONALD
Address: 5300 BEE CAVES ROAD, BLDG. 3, #100
City-St-Zip: AUSTIN, TX 78746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: DONALD HURWITZ

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date