2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

DOCUMENT# F11000002752

Entity Name: HEQ INSURANCE SERVICES, INC.

Current Principal Place of Business:

15 W SCENIC POINTE DR SUITE 400
DRAPER, UT 84020

New Principal Place of Business:

Current Mailing Address:

15 W SCENIC POINTE DR SUITE 400
DRAPER, UT 84020

New Mailing Address:

FEI Number: 45-2488579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR SUITE A
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: NEELEMAN, STEPHEN D
Address: 15 W SCENIC POINTE DR SUITE 400
City-St-Zip: DRAPER, UT 84020

Title: VP
Name: RESKE, MIKE
Address: 15 W SCENIC POINTE DR SUITE 400
City-St-Zip: DRAPER, UT 84020

Title: S/T
Name: EGGETT, CORDELL
Address: 15 W SCENIC POINTE DR SUITE 400
City-St-Zip: DRAPER, UT 84020

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN NEELEMAN PRES 04/26/2012

Electronic Signature of Signing Officer or Director — Date