

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001581

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** BH MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

14800 QUORUM  
SUITE 410  
DALLAS, TX 75254

**New Principal Place of Business:**

**Current Mailing Address:**

400 LOCUST STREET  
SUITE 790  
DES MOINES, IA 50309

**New Mailing Address:**

**FEI Number:** 42-1408338      **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 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:** MGR  
**Name:** BOOKEY, HARRY  
**Address:** 400 LOCUST ST, SUITE 790  
**City-St-Zip:** DES MOINES, IA 50309

**Title:** PRES  
**Name:** ROBY, NICHOLAS H  
**Address:** 400 LOCUST STREET SUITE 790  
**City-St-Zip:** DES MOINES, IA 50309

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: NICHOLAS H ROBY

PRES

02/08/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date