2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# M02000001175

Entity Name: HSI FINANCIAL SERVICES, LLC

Current Principal Place of Business:

1000 CIRCLE 75 PARKWAY, SUITE 400
ATLANTA, GA 30339

New Principal Place of Business:

1000 CIRCLE 75 PARKWAY
SUITE 800
ATLANTA, GA 30339

Current Mailing Address:

1000 CIRCLE 75 PARKWAY, SUITE 400
ATLANTA, GA 30339

New Mailing Address:

1000 CIRCLE 75 PARKWAY
SUITE 800
ATLANTA, GA 30339

FEI Number: 58-1538692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

MANAGING MEMBERS/MANAGERS:

Title: CEO ( ) Delete
Name: HOWERTON, RICHARD T III
Address: 900 CIRCLE 75 PARKWAY, SUITE 1450
City-St-Zip: ATLANTA, GA 30339

Title: MGRM ( ) Delete
Name: KORN, JEFFREY W
Address: 1000 CIRCLE 75 PKWY, STE 400
City-St-Zip: ATLANTA, GA 30339

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: JOHNSON, TERRY
Address: 1000 CIRCLE 75 PKWY, STE 800
City-St-Zip: ATLANTA, GA 30339

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TERRY JOHNSON MGRM 02/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date