

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002709

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: H.D. VEST INSURANCE AGENCY, LLC

## Current Principal Place of Business:

6333 N. STATE HIGHWAY 161, MAC# T5340-040  
IRVING, TX 75038

## New Principal Place of Business:

6333 N. STATE HIGHWAY 161 SUITE 400  
IRVING, TX 75038

## Current Mailing Address:

PO BOX 140189  
ATTN: ACCOUNTING DEPARTMENT  
IRVING, TX 75014

## New Mailing Address:

PO BOX 140189  
ATTN: ACCOUNTING DEPARTMENT  
IRVING, TX 750140189

FEI Number: 75-2787410

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 323012525 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: MGR ( ) Delete  
Name: OCHS, ROGER C  
Address: 6333 N. STATE HIGHWAY 161  
City-St-Zip: IRVING, TX 75038

Title: MGR ( ) Delete  
Name: KLEIN, JEFF J  
Address: 6333 N. STATE HIGHWAY 161  
City-St-Zip: IRVING, TX 75038

Title: MGR ( ) Delete  
Name: HEIFETZ, NEAL E  
Address: 6333 N. STATE HIGHWAY 161  
City-St-Zip: IRVING, TX 75038

Title: T ( ) Delete  
Name: JOEL, BENNETT V  
Address: 6333 N. STATE HIGHWAY 161  
City-St-Zip: IRVING, TX 75038

Title: SVP ( ) Delete  
Name: MISURA, ELIZABETH  
Address: 600 HIGHWAY 169 S  
City-St-Zip: ST LOUIS PARK, MN 55426

Title: VP ( ) Delete  
Name: HUNDLEY, SHARON K  
Address: 600 HIGHWAY 169 S  
City-St-Zip: ST LOUIS PARK, MN 55426

## ADDITIONS/CHANGES:

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:

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 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: NEAL HEIFETZ

MGR

04/29/2009

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