

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001332

FILED
Mar 18, 2005
Secretary of State

Entity Name: H. D. VEST INSURANCE AGENCY, L.C.

Current Principal Place of Business:

6333 NORTH STATE HWY 161
FOURTH FLOOR
IRVING, TX 75038

New Principal Place of Business:

6333 NORTH STATE HWY 161 #400
FOURTH FLOOR
IRVING, TX 75038

Current Mailing Address:

6333 NORTH STATE HWY 161
FOURTH FLOOR
IRVING, TX 75038

New Mailing Address:

6333 NORTH STATE HWY 161 #400
FOURTH FLOOR
IRVING, TX 75038

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/MEMBERS:

Title: MGR () Delete
Name: OCHS, ROGER C
Address: 6333 N STATE HWY 161 STE 400
City-St-Zip: IRVING, TX 75038

Title: MGR () Delete
Name: KLEIN, JEFF
Address: 6333 N STATE HWY 161 STE 400
City-St-Zip: IRVING, TX 75038

Title: MGR () Delete
Name: HUNDLEY, SHARON K
Address: ST LP-600 600 HWY 1695
City-St-Zip: ST LOUIS PARK, MN 55426

Title: MGR () Delete
Name: BENNETT, JOEL
Address: 6333 N STATE HWY 161 STE 400
City-St-Zip: IRVING, TX 75038

Title: MGR () Delete
Name: HEIFETZ, NEAL
Address: 6333 N STATE HWY 161 STE 400
City-St-Zip: IRVING, TX 75038

Title: () Delete
Name:
Address:
City-St-Zip:

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: MGR () Change (X) Addition
Name: HORTON, JAMES
Address: WELLS FARGO & CO. 6TH & MARQUETTE
City-St-Zip: MINNEAPOLIS, MN 55479

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOEL BENNETT

MGR

03/18/2005

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