2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# P23038

Entity Name: H.D. VEST ADVISORY SERVICES, INC.

Current Principal Place of Business:

6333 N STATE HWY 161
FOURTH FLOOR
IRVING, TX 750382200 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 140189
ACCOUNTING DEPT
IRVING, TX 750140189 US

New Mailing Address:

FEI Number: 75-2176682 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

Title: AS ( ) Delete
Name: JOHNSON, JOHN S
Address: 6333 N. STATE HWY 161, STE 400
City-St-Zip: IRVING, TX 75038

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

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

Title: AS ( ) Delete
Name: STERN, BRIAN A
Address: 6333 N STATE HWY 161, STE 400
City-St-Zip: IRVING, TX 75038

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: AS (X) Change ( ) Addition
Name: LATORRE, STEVEN
Address: 6333 N. STATE HWY 161, STE 400
City-St-Zip: IRVING, TX 75038

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 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 an address, with all other like empowered.

SIGNATURE: JOEL BENNETT TREA 01/12/2009

Electronic Signature of Signing Officer or Director — Date