

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29127

FILED
Jun 07, 2005
Secretary of State

Entity Name: HIQ CORPORATE SERVICES, INC.

Current Principal Place of Business:

516 N. CHARLES ST.
501
BALTIMORE, MD 21201 US

New Principal Place of Business:

Current Mailing Address:

516 N. CHARLES ST.
501
BALTIMORE, MD 21201 US

New Mailing Address:

FEI Number: 52-1679517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONSCORP REGISTERED AGENTS, INC.
526 EAST PARK AVENUE
SUITE 200
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STROTT, JAMES C JR
Address: 516 N CHARLES STREET, SUITE 501
City-St-Zip: BALTIMORE, MD 21201

Title: T () Delete
Name: STROTT, JAMES C JR
Address: 516 N CHARLES ST, SUITE 501
City-St-Zip: BALTIMORE, MD 21201

Title: S () Delete
Name: MCNEW, DAWN A
Address: 516 N CHARLES ST, SUITE 501
City-St-Zip: BALTIMORE, MD 21201

Title: D () Delete
Name: STROTT, JAMES C JR
Address: 516 N CHARLES ST, SUITE 501
City-St-Zip: BALTIMORE, MD 21201

Title: D () Delete
Name: LOVELAND, THOMAS W
Address: 516 N CHARLES ST, SUITE 501
City-St-Zip: BALTIMORE, MD

Title: VP () Delete
Name: STARRY, LISA A
Address: 516 N CHARLES ST, SUITE 501
City-St-Zip: BALTIMORE, MD 21201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: BLACK, DAWN A
Address: 516 N CHARLES ST, SUITE 501
City-St-Zip: BALTIMORE, MD 21201

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 for the exemption stated in Section 119.07(3)(i), 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: LISA A STARRY

VP

06/07/2005

Electronic Signature of Signing Officer or Director

_____ Date