

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29127

FILED
Mar 30, 2009
Secretary of State

Entity Name: HIQ CORPORATE SERVICES, INC.

Current Principal Place of Business:

715 ST. PAUL STREET
BALTIMORE, MD 21202 US

New Principal Place of Business:

Current Mailing Address:

715 ST. PAUL STREET
BALTIMORE, MD 21202 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.
1574 VILLAGE SQUARE BLVD
SUITE 100
TALLAHASSEE, FL 32309 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: 715 ST. PAUL STREET
City-St-Zip: BALTIMORE, MD 21202

Title: T () Delete
Name: STROTT, JAMES C JR
Address: 715 ST. PAUL STREET
City-St-Zip: BALTIMORE, MD 21202

Title: S () Delete
Name: STARRY, LISA A
Address: 715 ST. PAUL STREET
City-St-Zip: BALTIMORE, MD 21202

Title: D () Delete
Name: STROTT, JAMES C JR
Address: 715 ST. PAUL STREET
City-St-Zip: BALTIMORE, MD 21202

Title: VP () Delete
Name: STARRY, LISA A
Address: 516 N CHARLES ST, SUITE 501
City-St-Zip: BALTIMORE, MD 21202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: VP (X) Change () Addition
Name: STARRY, LISA A
Address: 715 ST. PAUL STREET
City-St-Zip: BALTIMORE, MD 21202

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: LISA A STARRY

VP

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date