

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002752

Entity Name: HEQ INSURANCE SERVICES, INC.

Current Principal Place of Business:

15 W SCENIC POINTE DR SUITE 400
DRAPER, UT 84020

Current Mailing Address:

15 W SCENIC POINTE DR SUITE 400
DRAPER, UT 84020

FEI Number: 45-2488579

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR SUITE A
TALLAHASSEE, FL 32301 US

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

Officer/Director Detail :

Title PRES
Name NEELEMAN, STEPHEN D
Address 15 W SCENIC POINTE DR SUITE 400
City-State-Zip: DRAPER UT 84020

Title VP
Name RESKE, MIKE
Address 15 W SCENIC POINTE DR SUITE 400
City-State-Zip: DRAPER UT 84020

Title S/T
Name EGGETT, CORDELL
Address 15 W SCENIC POINTE DR SUITE 400
City-State-Zip: DRAPER UT 84020

Title VP
Name KEOHAN, CRAIG
Address 15 W SCENIC POINTE DR SUITE 400
City-State-Zip: DRAPER UT 84020

I hereby 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 all other like empowered.

SIGNATURE: CORDELL EGGETT

SECRETARY

04/15/2014

Electronic Signature of Signing Officer/Director Detail

Date