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: MICHAEL D. BROOKS

Electronic Signature of Signing Officer/Director Detail

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT DOCUMENT# F11000003242

Entity Name: HAIRSTYLIST MANAGEMENT SYSTEMS, INC.

Current Principal Place of Business:

12700 INDUSTRIAL PARK BLVD MINNEAPOLIS. MN 55441

Current Mailing Address:

12700 INDUSTRIAL PARK BLVD MINNEAPOLIS. MN 55441

FEI Number: 41-1748342

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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:

Officer/Director Detail :			
Title	DVST	Title	DP
Name	BROOKS, MICHAEL	Name	KUNINS, MICHAEL
Address	12700 INDUSTRIAL PARK BLVD	Address	12700 INDUSTRIAL PARK BLVD
City-State-Zip:	MINNEAPOLIS MN 55441	City-State-Zip:	MINNEAPOLIS MN 55441

TREASURER

03/28/2016

FILED Mar 28, 2016 Secretary of State CC4666307659

Certificate of Status Desired: No

Date

Date