

1.) CORPORATION NAME:

H. D. Vest Advisory Services, Inc.

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1314279**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6333 N STATE HWY 161 #400
ATTN: ACCOUNTING

CITY/ST/ZIP: IRVING, TX 75038

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	ROGER C OCHS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6333 N STATE HWY 161		
CITY/ST/ZIP/CO:	SUITE 400 IRVING, TX 75038		

NAME:	JOEL BENNETT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	6333 N STATE HWY 161 SUITE 400		
CITY/ST/ZIP/CO:	IRVING, TX 75038		

NAME:	ROGER C. OCHS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6333 N STATE HWY 161		
CITY/ST/ZIP/CO:	STE 400 IRVING, TX 75038		

NAME:	CASEY GRIFFIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	6333 N STATE HWY 161		
CITY/ST/ZIP/CO:	SUITE 400 IRVING, TX 75038		

NAME:	NEAL E HEIFETZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	6333 N STATE HWY 161 SUITE 400		
CITY/ST/ZIP/CO:	IRVING, TX 75038		

NAME: JEFF KLEIN TITLE: ASST SECRETARY ADDRESS: 6333 N STATE HWY 161 SUITE 400 CITY/ST/ZIP/CO: IRVING, TX 75038	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: BRIAN A STERN TITLE: ASST SECRETARY ADDRESS: 6333 N STATE HWY 161 SUITE 400 CITY/ST/ZIP/CO: IRVING, TX 75038	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MARSHALL BARTLETT TITLE: DIRECTOR ADDRESS: 500 BOYLSTON ST STE 1640 CITY/ST/ZIP/CO: BOSTON, MA 02116	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ANDREW DODSON TITLE: DIRECTOR ADDRESS: FOUR EMBARCADERO CENTER STE 3610 CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94111	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ JOEL BENNETT	JOEL BENNETT, TREASURER	10/8/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		