

1.) CORPORATION NAME:

**HSN, Inc.**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1781477**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300,000,000
PREFER	25,000,000
PREFJR	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 HSN DR

CITY/ST/ZIP: ST PETERSBURG, FL 33729

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:	GREGORY J HENCHEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ChLegalOffcr&S		
ADDRESS:	1 HSN DR		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33729		

NAME:	JUDY SCHELMING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO&CFO		
ADDRESS:	1 HSN DR		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33729		

NAME:	ROBERT SOLOMON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP-CusCare&Ops		
ADDRESS:	1 HSN DRIVE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33729		

NAME:	MICHAEL ATTINELLA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ChiefAcctgOffic		
ADDRESS:	1 HSN DR		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33729		

NAME:	MINDY GROSSMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	1 HSN DR		
CITY/ST/ZIP/CO:	ST PETERSBURG, FL 33729		

NAME:	BILL BRAND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ChMktg&BusDevOf		
ADDRESS:	1 HSN DRIVE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33729		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN ETZKORN EVP-CIO 1 HSN DRIVE ST. PETERSBURG, FL 33729	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA LETIZIO Chief H.R.Offcr 1 HSN DRIVE ST. PETERSBURG, FL 33729	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN MARTIN-VACHON EVP-MERCHDSG. 1 HSN DRIVE ST. PETERSBURG, FL 33729	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER RUBEN EVP-Affiliate C/O 1 HSN DRIVE ST. PETERSBURG, FL 33729	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW SHELDON ChCreativeOffcr 1 HSN DRIVE ST. PETERSBURG, FL 33729	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM COSTELLO DIRECTOR C/O 1 HSN DRIVE ST. PETERSBURG, FL 33729	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES FOLLO DIRECTOR C/O 1 HSN DRIVE ST. PETERSBURG, FL 33729	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHANIE KUGELMAN DIRECTOR C/O 1 HSN DRIVE ST. PETERSBURG, FL 33729	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARTHUR C MARTINEZ DIRECTOR C/O 1 HSN DR ST PETERSBURG, FL 33729	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS MCINERNEY DIRECTOR C/O 1 HSN DRIVE ST. PETERSBURG, FL 33729	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN MORSE DIRECTOR C/O 1 HSN DRIVE ST. PETERSBURG, FL 33729	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN SARNOFF DIRECTOR C/O 1 HSN DRIVE ST. PETERSBURG, FL 33729	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW RUBEL DIRECTOR c/o 1 HSN Drive St. Petersburg, FL 33729	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	COURTNEE ULRICH DIRECTOR c/o 1 HSN Drive St. Petersburg, FL 33729	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS J. MCINERNEY DIRECTOR C/O 1 HSN DRIVE ST. PETERSBURG, FL 33729	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT MONTI EVP-SUPPLY&LOG 1 HSN DRIVE ST. PETERSBURG, FL 33729	<input checked="" type="checkbox"/> OFFICER	<input 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/ GREGORY J HENCHEL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GREGORY J HENCHEL, ChLegalOffcr&S PRINTED NAME AND CORPORATE TITLE	1/15/2014 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.			