

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002864

FILED
Jan 14, 2009
Secretary of State

Entity Name: PRIMACY CLOSING CORPORATION

Current Principal Place of Business:

6077 PRIMACY PARKWAY, SUITE 300
MEMPHIS, TN 38119

New Principal Place of Business:

6077 PRIMACY PARKWAY
SUITE 300
MEMPHIS, TN 38119

Current Mailing Address:

6077 PRIMACY PARKWAY, SUITE 300
MEMPHIS, TN 38119

New Mailing Address:

6077 PRIMACY PARKWAY
SUITE 300
MEMPHIS, TN 38119

FEI Number: 03-0415742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PTD () Delete
Name: SPINOLO, C. MATTHEW
Address: 6077 PRIMACY PARKWAY, SUITE 300
City-St-Zip: MEMPHIS, TN 38119

Title: V () Delete
Name: BOSWELL, ROSS A
Address: 6077 PRIMACY PARKWAY, SUITE 300
City-St-Zip: MEMPHIS, TN 38119

Title: SD () Delete
Name: RATTON, ROBERT W JR.
Address: 6077 PRIMACY PARKWAY, SUITE 300
City-St-Zip: MEMPHIS, TN 38119

Title: D () Delete
Name: FIELDS, KAREN S
Address: 6077 PRIMACY PARKWAY, SUITE 300
City-St-Zip: MEMPHIS, TN 38119

Title: D () Delete
Name: WATSON, JAMES T
Address: 6077 PRIMACY PARKWAY, SUITE 300
City-St-Zip: MEMPHIS, TN 38119

Title: AS () Delete
Name: WAAGE, FELICIA
Address: 6077 PRIMACY PARKWAY, SUITE 300
City-St-Zip: MEMPHIS, TN 38119

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
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: C. MATTHEW SPINOLO

PTD

01/14/2009

Electronic Signature of Signing Officer or Director

Date