

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006760

FILED
Jul 05, 2006
Secretary of State

Entity Name: EXCLUSIVE SETTLEMENT SERVICES INC.

Current Principal Place of Business:

600 COMMERCE DRIVE, SUITE 610
CORAOPOLIS, PA 15108

New Principal Place of Business:

1000 CLIFF MINE ROAD
PITTSBURGH, PA 15275

Current Mailing Address:

600 COMMERCE DRIVE, SUITE 610
CORAOPOLIS, PA 15108

New Mailing Address:

1000 CLIFF MINE ROAD
PIITSBURGH, PA 15275

FEI Number: 35-2056545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STIVERS, H B
245 EAST VIRGINIA STREET
TALLAHASSEE, FL 32301 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: PSCD () Delete
Name: SCHROCK, WESLEY D
Address: 3319 HILLCREST AVE.
City-St-Zip: ANDERSON, IN 46011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WESLEY D. SCHROCK

PRES

07/05/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date