2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# F05000006207

Entity Name: NATIONAL CLOSING SOLUTIONS, INC.

Current Principal Place of Business:

2617 HARLANSBURG ROAD
NEW CASTLE, PA 16101 96

New Principal Place of Business:

Current Mailing Address:

185 FULWEILER AVENUE
AUBURN, CA 95603

New Mailing Address:

FEI Number: 32-0038590 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D ( ) Delete
Name: EMMETT, MARSHA
Address: 1512 EUREKA ROAD, SUITE 120
City-St-Zip: ROSEVILLE, GA 95661

Title: DV ( ) Delete
Name: LAFFIN, PATRICIA
Address: 185 FULWEILER AVE
City-St-Zip: AUBURN, CA 95603

Title: DT ( ) Delete
Name: PHILIPP, DAVID
Address: 189 FULWEILER AVE
City-St-Zip: AUBURN, CA 95603

Title: EVPS ( ) Delete
Name: WESTCOTT, DAVID V
Address: 3925 ATHERTON ROAD, SUITE 100
City-St-Zip: ROCKLIN, CA 95765

Title: P ( ) Delete
Name: HARP, JUDY
Address: 3925 ATHERTON ROAD
City-St-Zip: ROCKLIN, CA 95765

Title: VP ( ) Delete
Name: BROWN, PATRICIA S
Address: 2617 HARLANSBURG ROAD
City-St-Zip: NEW CASTLE, PA 16101 96

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
Name:
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: RENA SOMMER, LEGAL SERVICES ADMINISTRATOR LSA 01/28/2009

Electronic Signature of Signing Officer or Director Date