

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003446

FILED
Apr 03, 2007
Secretary of State

Entity Name: NATIONWIDE APPRAISAL SERVICES CORPORATION

Current Principal Place of Business:

SOUTHPOINTE PLAZA II
380 SOUTHPOINTE BLVD.
CANONSBURG, PA 15317

New Principal Place of Business:

95 WEST BEAU ST
SUITE 300
WASHINGTON, PA 15301

Current Mailing Address:

SOUTHPOINTE PLAZA II
380 SOUTHPOINTE BLVD.
CANONSBURG, PA 15317

New Mailing Address:

95 WEST BEAU ST
SUITE 300
WASHINGTON, PA 15301

FEI Number: 25-1724847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWDEN, DAN
6450 HERONRUN WAY
GULF BREEZE, FL 32563 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: CEO () Delete
Name: ALEXANDER, RICHARD
Address: 3535 CASTLE BUTTE
City-St-Zip: CASTLE ROCK, CO 80109

Title: PCEO () Delete
Name: KAVANAUGH, DAN
Address: 12 SHEILA CT
City-St-Zip: PITTSBURGH, PA 15227

Title: EVP () Delete
Name: KELKER, DEAN
Address: 1 TRIMONT LANE #630B
City-St-Zip: PITTSBURGH, PA 15211

Title: EVP (X) Delete
Name: KROL, KATHLEEN
Address: 1511 PALMER DRIVE
City-St-Zip: GIBSONIA, PA 15044

Title: CFOP (X) Delete
Name: WOLFE, CAROLYN
Address: 2749 COLE RD
City-St-Zip: WEXFORD, PA 15090

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: KAVANAUGH, DAN
Address: 12 SHEILA CT
City-St-Zip: PITTSBURGH, PA 15227

Title: EVP (X) Change () Addition
Name: KROL, KATHLEEN
Address: 1511 PALMER DRIVE
City-St-Zip: GIBSONIA, PA 15044

Title: CFOP (X) Change () Addition
Name: WOLFE, CAROLYN
Address: 2749 COLE RD
City-St-Zip: WEXFORD, PA 15090

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 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: CAROLYN WOLFE

CFOP

04/03/2007

Electronic Signature of Signing Officer or Director

_____ Date