

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08712 (2)

1. Corporation Name
NVR SETTLEMENT SERVICES, INC.



Principal Place of Business: 7601 LEWINSVILLE ROAD, ATTN: TAX DEPT, MCLEAN VA 22102 US
Mailing Address: 7601 LEWINSVILLE ROAD, ATTN: TAX DEPT, MCLEAN VA 22102 US

3. Date Incorporated or Qualified: 01/15/1986
3a. Date of Last Report: 05/01/1995
4. FEI Number: 25-1513427
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: S	<input type="checkbox"/> DELETE
NAME: SACK, JAMES M.	
STREET ADDRESS: 7601 LEWINSVILLE ROAD	
CITY-ST-ZIP: MCLEAN VA	
TITLE: T	<input type="checkbox"/> DELETE
NAME: SHEEDY, TIMOTHY G.	
STREET ADDRESS: 7601 LEWINSVILLE ROAD	
CITY-ST-ZIP: MCLEAN VA	
TITLE: VP	<input type="checkbox"/> DELETE
NAME: WILLIAMS, JAMES G.	
STREET ADDRESS: 7601 LEWINSVILLE ROAD	
CITY-ST-ZIP: MCLEAN VA	
TITLE: P	<input type="checkbox"/> DELETE
NAME: HUDSON, WILLIAM L.	
STREET ADDRESS: 7601 LEWINSVILLE ROAD	
CITY-ST-ZIP: MCLEAN FL	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FITZSIMMONS, PETER J.
2.3 STREET ADDRESS	7601 LEWINSVILLE ROAD
2.4 CITY-ST-ZIP	MCLEAN, VA
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	300001833893
5.4 CITY-ST-ZIP	-05/22/96--01019--019
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	***200.00
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peter J. Fitzsimmons* PETER J. FITZSIMMONS 4-30-96 (703) 761-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)