

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90184 003 ***150.00

DOCUMENT # P08712

1. Entity 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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number **25-1513427** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: S NAME: HUDSON, WILLIAM L STREET ADDRESS: 7601 LEWINSVILLE ROAD CITY-ST-ZIP: MCLEAN VA	<input type="checkbox"/> Delete	TITLE: PRESIDENT NAME: STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: WILLIAMS, JAMES G STREET ADDRESS: 7601 LEWINSVILLE ROAD CITY-ST-ZIP: MCLEAN VA 22102	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: FITZSIMMONS, PETER J STREET ADDRESS: 7601 LEWINSVILLE ROAD CITY-ST-ZIP: MCLEAN VA 22102	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: SACK, J STREET ADDRESS: 7601 LEWINSVILLE ROAD CITY-ST-ZIP: MCLEAN VA 22102	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: 8270 GREGSBORO DRIVE CITY-ST-ZIP: MCLEAN, VA 22102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: VP NAME: JUDITH A LAYNE STREET ADDRESS: 7601 LEWINSVILLE ROAD CITY-ST-ZIP: MCLEAN, VA 22102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William L. Hudson **PRESIDENT** Date: 4-24-01 Daytime Phone # _____

CR2E034 (10/00)