


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P08712 1. Entity Name NVR SETTLEMENT SERVICES, INC.	
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Principal Place of Business 11700 PLAZA AMERICA DR. ATTN: TAX DEPT SUITE 500 RESTON, VA 20190 US	Mailing Address 11700 PLAZA AMERICA DR. ATTN: TAX DEPT SUITE 500 RESTON, VA 20190 US
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DO NOT WRITE IN THIS SPACE



01312007 No Chg-P CR2E034 (11/05)

4. FEI Number 25-1513427	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUDSON, WILLIAM L 11700 PLAZA AMERICA DR. RESTON, VA 20190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARPER, THOMAS 11700 PLAZA AMERICA DR. RESTON, VA 20190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SACK, JIM 8270 GREENSBORO DR STE 810 MCLEAN, VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/21/07-80047-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Hudson President 2-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #