

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08712

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: NVR SETTLEMENT SERVICES, INC.

**Current Principal Place of Business:**

11700 PLAZA AMERICA DR.  
ATTN: TAX DEPT SUITE 500  
RESTON, VA 20190 US

**New Principal Place of Business:**

**Current Mailing Address:**

11700 PLAZA AMERICA DR.  
ATTN: TAX DEPT SUITE 500  
RESTON, VA 20190 US

**New Mailing Address:**

FEI Number: 25-1513427      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: P ( ) Delete  
Name: HUDSON, WILLIAM L  
Address: 11700 PLAZA AMERICA DR.  
City-St-Zip: RESTON, VA 20190

Title: VP ( ) Delete  
Name: HARPER, THOMAS  
Address: 11700 PLAZA AMERICA DR.  
City-St-Zip: RESTON, VA 20190 US

Title: S ( ) Delete  
Name: SACK, JIM  
Address: 8270 GREENSBORO DR STE 810  
City-St-Zip: MCLEAN, VA 22102 US

**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:

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: WILLIAM HUDSON

P

01/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date