

1.) CORPORATION NAME:

NATIONWIDE TRUSTEE SERVICES OF VIRGINIA, INC.

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **07264062**

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 400 NORTHRIDGE ROAD
SUITE 700

CITY/ST/ZIP: ATLANTA, GA 30350

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	CHARLES PIPER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/CEO		
ADDRESS:	400 NORTHRIDGE ROAD		
	SUITE 700		
CITY/ST/ZIP/CO:	ATLANTA, GA 30350		

NAME:	HILLARY SHAW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	400 NORTHRIDGE ROAD		
	SUITE 700		
CITY/ST/ZIP/CO:	ATLANTA, GA 30350		

NAME:	DANIEL WEINBLATT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	400 NORTHRIDGE ROAD		
	SUITE 700		
CITY/ST/ZIP/CO:	ATLANTA, GA 30350		

NAME:	JACQUELINE BAILEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST VP		
ADDRESS:	400 NORTHRIDGE ROAD		
	SUITE 700		
CITY/ST/ZIP/CO:	ATLANTA, GA 30350		

NAME:	STEPHANIE FONTENO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST VP		
ADDRESS:	400 NORTHRIDGE ROAD		
	SUITE 700		
CITY/ST/ZIP/CO:	ATLANTA, GA 30350		

NAME:	CHRIS MAYER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST VP		
ADDRESS:	400 NORTHRIDGE ROAD		
CITY/ST/ZIP/CO:	SUITE 700 ATLANTA, GA 30350		

NAME:	MATRESSA MORRIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST VP		
ADDRESS:	400 NORTHRIDGE ROAD		
CITY/ST/ZIP/CO:	SUITE 400 ATLANTA, GA 30350		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ HILLARY SHAW	HILLARY SHAW, ASST	8/15/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.