

SCC eFile
(6/10)

2010 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

210501740

1.) CORPORATION NAME:

PV HOLDING CORP.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **7/30/2010**

SCC ID NO: **F0368383**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 CENTRE DR

CITY/ST/ZIP: VA BEACH, VA 23462-

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:	IZILDA P MARTINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6 SYLVAN WAY		
CITY/ST/ZIP/CO:	PARSIPPANY, NJ 07054-		
NAME:	DAVID CALABRIA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	6 SYLVAN WAY		
CITY/ST/ZIP/CO:	PARSIPPANY, NJ 07054-		
NAME:	ORLANDO FIGUEROA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	48 WALL STREET 27TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	DAVID B. WYSHNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6 SYLVAN WAY		
CITY/ST/ZIP/CO:	PARSIPPANY, NJ 07054-		
NAME:	MICHAEL TUCKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	6 SYLVAN WAY		
CITY/ST/ZIP/CO:	PARSIPPANY, NJ 07054-		

NAME: RONALD L. NELSON TITLE: PRESIDENT ADDRESS: 6 SYLVAN WAY CITY/ST/ZIP/CO: PARSIPPANY, NJ 07054-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ROCHELLE TARLOWE TITLE: TREASURER ADDRESS: 6 SYLVAN WAY CITY/ST/ZIP/CO: PARSIPPANY, NJ 07054-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JEAN MARIE SERA TITLE: ASST SECRETARY ADDRESS: 6 SYLVAN WAY CITY/ST/ZIP/CO: PARSIPPANY, NJ 07054-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
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/ JEAN MARIE SERA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEAN MARIE SERA, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	9/10/2010 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.		