

1.) CORPORATION NAME:

**WENDOVER FINANCIAL SERVICES CORPORATION**

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1148438**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5400 LEGACY H4-1H-13

CITY/ST/ZIP: PLANO, TX 75024-3199

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:	SUSAN M. O'DOHERTY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/COO		
ADDRESS:	1550 LIBERTY RIDGE		
CITY/ST/ZIP/CO:	SUITE 120 WAYNE, PA 19087		
NAME:	SUSAN G. STARLING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1550 LIBERTY RIDGE		
CITY/ST/ZIP/CO:	SUITE 120 WAYNE, PA 19087		
NAME:	WILLIAM A BROPHY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5400 LEGACY DRIVE		
CITY/ST/ZIP/CO:	PLANO, TX 75024		
NAME:	MARGARET M LIBETTI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5400 LEGACY DRIVE		
CITY/ST/ZIP/CO:	PLANO, TX 75024		
NAME:	KEITH KASTEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/CHAIRMAN		
ADDRESS:	5400 LEGACY		
CITY/ST/ZIP/CO:	PLANO, TX 75024		
NAME:	GERALDINE M MCGUCKIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1500 Liberty Ridge		
CITY/ST/ZIP/CO:	Suite 120 Wayne, PA 19087		

NAME: ROBERT W ROMAN TITLE: ASST SECRETARY ADDRESS: 5400 LEGACY DRIVE CITY/ST/ZIP/CO: PLANO, TX 75024	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Marianne Zurowski TITLE: TREASURER ADDRESS: 1500 Liberty Ridge CITY/ST/ZIP/CO: Suite 120 Wayne, RI 19087	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Marianne Zurowski TITLE: CFO ADDRESS: 1550 Liberty Ridge CITY/ST/ZIP/CO: Suite 120 Wayne, PA 19087	<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/ GERALDINE M MCGUCKIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GERALDINE M MCGUCKIN, SECRETARY PRINTED NAME AND CORPORATE TITLE	8/12/2013 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.		