

1.) CORPORATION NAME:

National Residential Nominee Services Inc.

DUE DATE: **5/31/2011**

SCC ID NO: **F1510454**

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

**AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD
GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 601 RIVERSIDE AVE

CITY/ST/ZIP: JACKSONVILLE, FL 32204-

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: RAYMOND R QUIRK
TITLE: PRES/DIR
ADDRESS: 601 RIVERSIDE AVE
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32204-

OFFICER

DIRECTOR

NAME: MICHAEL L GRAVELLE
TITLE: SECRETARY
ADDRESS: 601 RIVERSIDE AVE
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32204-

OFFICER

DIRECTOR

NAME: MADELINE LOVEJOY
TITLE: AVP/AS
ADDRESS: 2510 N REDHILL AVE
CITY/ST/ZIP/CO: SANTA ANA, CA 92705-

OFFICER

DIRECTOR

NAME: DANIEL K MURPHY
TITLE: TREASURER
ADDRESS: 601 RIVERSIDE AVENUE
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32204-

OFFICER

DIRECTOR

NAME: ANTHONY J PARK
TITLE: DIRECTOR
ADDRESS: 601 RIVERSIDE AVE
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32204-

OFFICER

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.

<u>/s/ MADELINE LOVEJOY</u>	<u>MADELINE LOVEJOY, AVP/AS</u>	<u>5/23/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.