

1.) CORPORATION NAME:

Mortgage Electronic Registration Systems, Inc.

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SHARON HORSTKAMP
MORTGAGE ELECTRONIC REGISTRATION SYSTEMS INC
1818 LIBRARY STREET STE 300**

SCC ID NO: **F1554957**

RESTON, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1818 LIBRARY STREET
STE 300

CITY/ST/ZIP: RESTON, VA 20190

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:	WILLIAM BECKMANN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1818 LIBRARY STREET		
CITY/ST/ZIP/CO:	STE 300 RESTON, VA 20190		

NAME:	DAN MCLAUGHLIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1818 LIBRARY STREET		
CITY/ST/ZIP/CO:	STE 300 RESTON, VA 20190		

NAME:	JUANITA RUSSELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1818 LIBRARY ST		
CITY/ST/ZIP/CO:	STE 300 RESTON, VA 20190		

NAME:	SHARON HORSTKAMP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1818 LIBRARY STREET		
CITY/ST/ZIP/CO:	STE 300 RESTON, VA 20190		

NAME:	AVI MARCUS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1818 LIBRARY STREET		
CITY/ST/ZIP/CO:	STE 300 RESTON, VA 20190		

NAME: TIM RENNER TITLE: ASST SECRETARY ADDRESS: 1818 LIBRARY STREET STE 300 CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KURT PFOTENHAUER TITLE: DIRECTOR ADDRESS: FIRST AMERICAN WAY CITY/ST/ZIP/CO: SANTA ANA, CA 92707	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHELLE KORSMO TITLE: DIRECTOR ADDRESS: 1828 L STREET, NW STE 705 CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: EDWARD KRAMER TITLE: DIRECTOR ADDRESS: 111 8TH AVENUE 13TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10011	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID STEVENS TITLE: DIRECTOR ADDRESS: 1717 RHODE ISLAND AVENUE CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LARRY WASHINGTON TITLE: DIRECTOR ADDRESS: 4804 DEER LAKE DRIVE EAST FL9-803-05-01 CITY/ST/ZIP/CO: JACKSONVILLE, FL 32246	<input type="checkbox"/> OFFICER <input checked="" 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/ JUANITA RUSSELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JUANITA RUSSELL, TREASURER PRINTED NAME AND CORPORATE TITLE
7/29/2013 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.	