

1.) CORPORATION NAME:

United Lender Services Corp.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1732769**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 COMMERCE DRIVE, PARK PLACE ONE
SUITE 110

CITY/ST/ZIP: PITTSBURGH, PA 15275

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 D MCNAMARA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1000 COMMERCE DRIVE, PARK PLACE ONE SUITE 110		
CITY/ST/ZIP/CO:	PITTSBURGH, PA 15275		
NAME:	ROBERT D FRANCO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	1000 COMMERCE DRIVE, PARK PLACE ONE SUITE 110		
CITY/ST/ZIP/CO:	PITTSBURGH, PA 15275		
NAME:	STEVEN A WATERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	9830 COLONNADE BLVD., SUITE 600		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78230-2239		
NAME:	JAMES K HARDIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	9830 COLONNADE BLVD. SUITE 600		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78230-2239		
NAME:	T PATRICK DUNCAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9830 COLONNADE BLVD. SUITE 600		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78230-2239		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN HERSHKOWITZ DIRECTOR 9830 COLONNADE BLVD. SUITE 600 SAN ANTONIO, TX 78230-2239	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK A IRWIN DIRECTOR 9830 COLONNADE BLVD. SAN ANTONIO, TX 78230-2239	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES F JANDRISEVITS DIRECTOR 9830 COLONNADE BLVD. SUITE 600 SAN ANTONIO, TX 78230-2239	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEONARD J O'DONNELL DIRECTOR 9830 COLONNADE BLVD. SUITE 600 SAN ANTONIO, TX 78230-2239	<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/ STEVEN A WATERS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVEN A WATERS, SECRETARY PRINTED NAME AND CORPORATE TITLE	12/3/2013 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.			