

1.) CORPORATION NAME:

Power REO Management Services, Inc.

DUE DATE: **6/30/2011**

SCC ID NO: **F1756644**

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4600 REGENT BOULEVARD SUITE 200

CITY/ST/ZIP: IRVING, TX 75063-

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: JANE M LARKIN
TITLE: PRESIDENT
ADDRESS: 4600 REGENT BOULEVARD SUITE 200
CITY/ST/ZIP/CO: IRVING, TX 75063-

OFFICER

DIRECTOR

NAME: JORDAN D DORCHUCK
TITLE: SECRETARY
ADDRESS: 1525 S. BELTLINE ROAD
CITY/ST/ZIP/CO: COPPELL, TX 75019-

OFFICER

DIRECTOR

NAME: ROBERT L LOVE, JR.
TITLE: DIR/VP/AS. SEC
ADDRESS: 1525 S. BELTLINE ROAD
CITY/ST/ZIP/CO: COPPELL, TX 75019-

OFFICER

DIRECTOR

NAME: ELLEN S COLEMAN
TITLE: EXEC VP/TREAS
ADDRESS: 1525 S. BELTLINE ROAD
CITY/ST/ZIP/CO: COPPELL, TX 75019-

OFFICER

DIRECTOR

NAME: DAVID M APPLGATE
TITLE: DIRECTOR
ADDRESS: 1525 S. BELTLINE ROAD
CITY/ST/ZIP/CO: COPPELL, TX 75019-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIMBERLY J. DAY ASST SECRETARY 1525 S. BELT LINE ROAD COPPELL, TX 75019-4913	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KRISTEN THOMAS ASST SECRETARY 1525 S. BELT LINE ROAD COPPELL, TX 75019-4913	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK S. ZEIDMAN EX VP/CFO/DIR 1525 S. BELT LINE ROAD COPPELL, TX 75019-4913	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN CHRISTY(ASSIST. VP) VICE PRESIDENT 4600 REGENT BOULEVARD SUITE 200 IRVING, TX 75063-2442	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AIMEE CARACENA VICE PRESIDENT 4600 REGENT BOULEVARD SUITE 200 IRVING, TX 75063-2443	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARC BEVINS(ASSIST. VP) VICE PRESIDENT 4600 REGENT BOULEVARD SUITE 200 IRVING, TX 75063-2443	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK HURLEY(ASSIST. VP) VICE PRESIDENT 4600 REGENT BOULEVARD SUITE 200 IRVING, TX 75063-2443	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANA TROTTER VICE PRESIDENT 4600 REGENT BOULEVARD SUITE 200 IRVING, TX 75063-2443	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CONNIE WHITE (ASSIST. VP) VICE PRESIDENT 4600 REGENT BOULEVARD SUITE 200 IRVING, TX 75063-2443	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	DEBRA MCCORMICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4600 REGENT BOULEVARD		
	SUITE 200		
CITY/ST/ZIP/CO:	IRVING, TX 75063-2443		

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/ KIMBERLY J. DAY</u>	KIMBERLY J. DAY, ASST	<u>6/15/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SECRETARY</u> 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.