

1.) CORPORATION NAME:

American Home Mortgage Lending Solutions, Inc.

DUE DATE: **10/31/2011**

SCC ID NO: **F1771304**

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:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4600 REGENT BLVD STE 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: JORDAN D DORCHUCK
TITLE: EVP/S/GC
ADDRESS: 1525 S BELT LINE ROAD
CITY/ST/ZIP/CO: COPPELL, TX 75019-

OFFICER

DIRECTOR

NAME: ROBERT L LOVE JR
TITLE: EVP/ASEC
ADDRESS: 1525 S BELT LINE ROAD
CITY/ST/ZIP/CO: COPPELL, TX 75019-

OFFICER

DIRECTOR

NAME: ELLEN COLEMAN
TITLE: EVP/T
ADDRESS: 1525 S BELT LINE ROAD
CITY/ST/ZIP/CO: COPPELL, TX 75019-

OFFICER

DIRECTOR

NAME: MARK ZEIDMAN
TITLE: EVP/CFO
ADDRESS: 1525 S BELT LINE ROAD
CITY/ST/ZIP/CO: COPPELL, TX 75019-

OFFICER

DIRECTOR

NAME: DAVID M APPLGATE
TITLE: P/CEO
ADDRESS: 1525 S BELT LINE ROAD
CITY/ST/ZIP/CO: COPPELL, TX 75019-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY J BIER EVP BUS LEND 1000 BISHOPS GALE BLVD SUITE 210 MT. LAUREL, NJ 08054-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VANESSA R GIFALDI ASST SECRETARY 1525 S. BELT LINE ROAD COPPELL, TX 75019-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIMBERLY J DAY ASST SECRETARY 1525 S BELT LINE ROAD COPPELL, TX 75019-	<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-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY M WOLFE ASST SECRETARY 1525 S. BELT LINE ROAD COPPELL, TX 75019-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTIN A SCHROETER SVP, BUS LEND 1000 BISHOPS GALE BLVD SUITE 210 MT. LAUREL, NJ 08054-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY G STUDINSKI SVP, CONSU LEND 1525 S. BELT LINE ROAD COPPELL, TX 75019-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALEX B HALISKY VP, BUS DEVELP 1525 S. BELT LINE ROAD COPPELL, TX 75019-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARGARET KILLBRIDE VP, QUAL CONT 1000 BISHOPS GALE BLVD SUITE 210 MT. LAUREL, NJ 08054-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOANNE WIGHT VP, OPERAT 1000 BISHOPS GALE BLVD SUITE 210 MT. LAUREL, NJ 08054-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

OFFICER DIRECTOR

NAME: SANFORD J BLITZER
TITLE: SVP, CAP MKTS
ADDRESS: 1000 BISHOPS GALE BLVD
 SUITE 210
CITY/ST/ZIP/CO: MT. LAUREL, NJ 08054-

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>10/6/2011</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.