

1.) CORPORATION NAME:

**Nationwide Trustee Services, Inc.**

DUE DATE: **4/30/2011**

SCC ID NO: **F1785379**

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

**AUTH IN VI**

**NATIONAL REGISTERED AGENTS INC**

**4001 North Ninth Street, Suite 227**

**ARLINGTON, VA 22203**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**TN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 400 NORTHRIDGE ROAD  
SUITE 700

CITY/ST/ZIP: ATLANTA, GA 30350-

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: MATRESSA MORRIS  
TITLE: ASST VP  
ADDRESS: 400 NORTHRIDGE ROAD  
SUITE 700  
CITY/ST/ZIP/CO: ATLANTA, GA 30350-

OFFICER

DIRECTOR

NAME: CHRIS MAYER  
TITLE: ASST VP  
ADDRESS: 400 NORTHRIDGE ROAD  
SUITE 700  
CITY/ST/ZIP/CO: ATLANTA, GA 30350-

OFFICER

DIRECTOR

NAME: GEORGE W DUNAWAY  
TITLE: CFO/SECRETARY  
ADDRESS: 400 NORTHRIDGE ROAD  
SUITE 700  
CITY/ST/ZIP/CO: ATLANTA, GA 30350-

OFFICER

DIRECTOR

NAME: CHARLES T PIPER  
TITLE: COO/VP  
ADDRESS: 400 NORTHRIDGE ROAD  
SUITE 700  
CITY/ST/ZIP/CO: ATLANTA, GA 30350-

OFFICER

DIRECTOR

NAME: DENIS BROSNAN TITLE: CEO ADDRESS: 400 NORTHRIDGE ROAD SUITE 700 CITY/ST/ZIP/CO: ATLANTA, GA 30350-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JACQUELINE BAILEY TITLE: ASST VP ADDRESS: 400 NORTHRIDGE ROAD SUITE 700 CITY/ST/ZIP/CO: ATLANTA, GA 30350-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: SUZANNE COSTELLO TITLE: ASST VP ADDRESS: 400 NORTHRIDGE ROAD SUITE 700 CITY/ST/ZIP/CO: ATLANTA, GA 30350-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: STEPHANIE JOHNSON TITLE: ASST VP ADDRESS: 400 NORTHRIDGE ROAD SUITE 700 CITY/ST/ZIP/CO: ATLANTA, GA 30350-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: GERMAINE DUNCAN TITLE: ASST VP ADDRESS: 400 NORTHRIDGE ROAD SUITE 700 CITY/ST/ZIP/CO: ATLANTA, GA 30350-	<input checked="" type="checkbox"/> OFFICER <input 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/ GEORGE W DUNAWAY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GEORGE W DUNAWAY, CFO/SECRETARY PRINTED NAME AND CORPORATE TITLE
4/26/2011 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.	