

1.) CORPORATION NAME:

**Power Valuation Services, Inc.**

DUE DATE: **9/30/2010**

SCC ID NO: **F1803552**

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: TRACY MAGEE  
TITLE: PRESIDENT  
ADDRESS: 4600 REGENT BOULEVARD  
SUITE 200  
CITY/ST/ZIP/CO: IRVING, TX 75063-

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: RICHARD VOVK  
TITLE: VICE PRESIDENT  
ADDRESS: 4600 REGENT BOULEVARD  
SUITE 200  
CITY/ST/ZIP/CO: IRVING, TX 75063-

OFFICER

DIRECTOR

NAME: LEONARD HERRINGTON  
TITLE: VICE PRESIDENT  
ADDRESS: 4600 REGENT BOULEVARD  
SUITE 200  
CITY/ST/ZIP/CO: IRVING, TX 75063-

OFFICER

DIRECTOR

NAME: CARY N DANIEL TITLE: ASST SECRETARY ADDRESS: 1525 S BELT LINE ROAD CITY/ST/ZIP/CO: COPPELL, TX 75019-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DAVID M FRIEDMAN TITLE: DIRECTOR ADDRESS: 1525 S BELT LINE ROAD CITY/ST/ZIP/CO: COPPELL, TX 75019-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JANE M LARKIN TITLE: DIRECTOR ADDRESS: 4600 REGENT BOULEVARD SUITE 200 CITY/ST/ZIP/CO: IRVING, TX 75063-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT L LOVE JR TITLE: DIRECTOR ADDRESS: 1525 S BELT LINE ROAD CITY/ST/ZIP/CO: COPPELL, TX 75019-	<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.	
<u>/s/ CARY N DANIEL</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CARY N DANIEL, ASST <u>SECRETARY</u> PRINTED NAME AND CORPORATE TITLE
<u>9/30/2010</u> 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.	