

1.) CORPORATION NAME:

Power Valuation Services, Inc.

DUE DATE: **9/30/2011**

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

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: RICHARD VOVK
TITLE: VICE 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 BELT LINE ROAD CITY/ST/ZIP/CO: COPPELL, TX 75019-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KRISTEN THOMAS(ASEC) TITLE: SECRETARY ADDRESS: 1525 S. BELTLINE ROAD CITY/ST/ZIP/CO: COPPELL, TX 75019-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KIMBERLY J DAY 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: ELLEN COLEMAN(EVP) TITLE: TREASURER ADDRESS: 1525 S. BELTLINE ROAD CITY/ST/ZIP/CO: COPPELL, TX 75019-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DAVID M APPLGATE 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.	
/s/ KIMBERLY J DAY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KIMBERLY J DAY, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
9/13/2011 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.	