

1.) CORPORATION NAME:

Power Valuation Services, Inc.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1803552**

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: 1525 S. Belt Line Rd.

CITY/ST/ZIP: Coppell, TX 75019

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.

<p>NAME: TRACY PHILLIPS TITLE: PRESIDENT ADDRESS: 1525 S. Belt Line Rd. CITY/ST/ZIP/CO: Coppell, TX 75019</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ROBERT L LOVE JR(EVP/ASEC) TITLE: VICE PRESIDENT ADDRESS: 1525 S BELT LINE ROAD CITY/ST/ZIP/CO: COPPELL, TX 75019</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARK S ZEIDMAN(EVP/CFO) TITLE: VICE PRESIDENT ADDRESS: 1525 S BELT LINE ROAD CITY/ST/ZIP/CO: COPPELL, TX 75019</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: LEONARD HERRINGTON TITLE: VICE PRESIDENT ADDRESS: 1525 S. Belt Line Rd. CITY/ST/ZIP/CO: Coppell, TX 75019</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: RICHARD VOVK TITLE: VICE PRESIDENT ADDRESS: 1525 S. Belt Line Rd. CITY/ST/ZIP/CO: Coppell, TX 75019</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JORDAN D DORCHUCK TITLE: SECRETARY ADDRESS: 1525 S BELT LINE ROAD CITY/ST/ZIP/CO: COPPELL, TX 75019</p>	<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
8/14/2012 _____ 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.	