

1.) CORPORATION NAME:

First Choice Loan Services Inc.

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

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NJ

DUE DATE: **8/31/2011**

SCC ID NO: **F1832866**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 CAMPUS DRIVE, SUITE 102

CITY/ST/ZIP: MORGANVILLE, NJ 07551-

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: LISA TUCCILLO
TITLE: SECRETARY
ADDRESS: 500 CAMPUS DRIVE
SUITE 102
CITY/ST/ZIP/CO: MORGANVILLE, NJ 07551-

OFFICER DIRECTOR

NAME: NANCY DUDAS
TITLE: DIRECTOR
ADDRESS: 500 CAMPUS DRIVE
CITY/ST/ZIP/CO: MORGANVILLE, NJ 07551-

OFFICER DIRECTOR

NAME: RUDOLPH W HANKS
TITLE: CEO
ADDRESS: 500 CAMPUS DRIVE
SUITE 102
CITY/ST/ZIP/CO: MORGANVILLE, NJ 07551-

OFFICER DIRECTOR

NAME: NORMAN KOENIGSBERG
TITLE: PRESIDENT
ADDRESS: 500 CAMPUS DRIVE, SUITE 102
CITY/ST/ZIP/CO: MORGANVILLE, NJ 07551-

OFFICER DIRECTOR

NAME: STEVE DOERLER
TITLE: DIRECTOR
ADDRESS: 500 CAMPUS DRIVE, SUITE 102
CITY/ST/ZIP/CO: MORGANVILLE, NJ 07551-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MUNISH SOOD DIRECTOR 500 CAMPUS DRIVE SUITE 102 MORGANVILLE, NJ 07551-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICHOLAS FRUNGILLO DIRECTOR 500 CAMPUS DRIVE, SUITE 102 MORGANVILLE, NJ 07551-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEOFFREY MORSELL DIRECTOR 500 CAMPUS DRIVE, SUITE 102 MORGANVILLE, NJ 07551-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW PRIBILA DIRECTOR 500 CAMPUS DRIVE, SUITE 102 MORGANVILLE, NJ 07551-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES RADVANY DIRECTOR 500 CAMPUS DRIVE, SUITE 102 MORGANVILLE, NJ 07551-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES R. STINES, III DIRECTOR 500 CAMPUS DRIVE, SUITE 102 MORGANVILLE, NJ 07551-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTIN TUCHMAN DIRECTOR 500 CAMPUS DRIVE, SUITE 102 MORGANVILLE, NJ 07551-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD WEISE DIRECTOR 500 CAMPUS DRIVE, SUITE 102 MORGANVILLE, NJ 07551-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT WORKMAN DIRECTOR 500 CAMPUS DRIVE, SUITE 102 MORGANVILLE, NJ 07551-	<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/ NORMAN KOENIGSBERG</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NORMAN KOENIGSBERG, PRESIDENT PRINTED NAME AND CORPORATE TITLE	<u>10/4/2011</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.			