



# State of New Hampshire 2015 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

**REPORT DUE BY April 1, 2015**

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed  
Date Filed: 03/23/2015  
Business ID: 277228  
William M. Gardner  
Secretary of State

LANDSAFE APPRAISAL SERVICES, INC.  
150 N COLLEGE ST; NC1-028-17-06  
CHARLOTTE, NC 28255

**ADDRESS OF PRINCIPAL OFFICE:**

7105 CORPORATE DRIVE  
PLANO, TX 75024

**REGISTERED AGENT AND OFFICE:**

C T CORPORATION SYSTEM  
9 CAPITOL STREET  
CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 277228

STATE OF DOMICILE: CALIFORNIA

APPRAISAL SERVICES

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address \_\_\_\_\_

The new principal office address \_\_\_\_\_

PO Box is acceptable.

**OFFICERS**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE OFFICER BELOW)

V-PRES. **Jason Pritchard**  
STREET **150 N College St; Nc1-028-17-06**  
CITY/STATE/ZIP **Charlotte NC 28255**  
SEC'Y. **Taquana M Johnson**  
STREET **150 N College St; Nc1-028-17-06**  
CITY/STATE/ZIP **Charlotte NC 28255**  
TREAS. **Lauren K Bascom**  
STREET **150 N College St; Nc1-028-17-06**  
CITY/STATE/ZIP **Charlotte NC 28255**  
PRES. **Patrick Ames**  
STREET **150 N College St; Nc1-028-17-06**  
CITY/STATE/ZIP **Charlotte NC 28255**

**BOARD OF DIRECTORS**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. **Patrick Ames**  
STREET **150 N College St; Nc1-028-17-06**  
CITY/STATE/ZIP **Charlotte NC 28255**  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

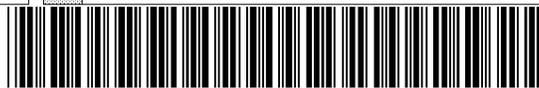
Sign here: **Jason Pritchard**

Please print name and title of signer: **Jason Pritchard** / **VICE PRESIDENT**

NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): \_\_\_\_\_



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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301