

|  |                 |  |        |   |         |                          |  |
|--|-----------------|--|--------|---|---------|--------------------------|--|
| No. <b>W 106705</b>  |                 | Due no later than Sep 30, 2012   |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>                                  |         |                          |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br>CORELOGIC SOLUTIONS, LLC<br>CORELOGIC REAL ESTATE INFORMATION SERVICES LLC<br>40 PACIFICA, SUITE 900<br>IRVINE CA 92618 |        | CORPORATION SERVICE COMPANY<br>12550 W EXPLORER DR STE 100<br>BOISE ID 83713<br>USA |         |                          |  |
|  |                 |  |        | 3. <u>New</u> Registered Agent Signature:*  |         |                          |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |                 |  |        |   |         |                          |  |
| Office Held  | Name            | Street or PO Address   | City   | State   | Country | Postal Code              |  |
| MEMBER   | CORELOGIC, INC. | 40 PACIFICA, SUITE 900   | IRVINE | CA  | USA     | 92618                    |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*  |        |   |         |                          |  |
| <b>CA<br/>W 106705</b>   |                 | Signature: Stergios Theologides  |        |   |         | Date: 09/06/2012         |  |
|  |                 | Name (type or print): Stergios Theologides   |        |   |         | Title: Authorized Person |  |
| Processed 09/06/2012   |                 | * Electronically provided signatures are accepted as original signatures.  |        |   |         |                          |  |