

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000006920

**FILED**  
**Apr 14, 2014**  
**Secretary of State**  
**CC8081788833**

**Entity Name:** FINITI, LLC

**Current Principal Place of Business:**

7090 SAMUEL MORSE DRIVE  
COLUMBIA, MD 21046

**Current Mailing Address:**

10400 YELLOW CIRCLE DRIVE  
STE. 400  
MINNETONKA, MN 55343

**FEI Number:** 20-3895516

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CORELOGIC REAL ESTATE SOLUTIONS, LLC  
Address 10400 YELLOW CIRCLE DRIVE, STE. 400  
City-State-Zip: MINNETONKA MN 55343

Title MGRD  
Name JONES, JOHN  
Address 7090 SAMUEL MORSE DRIVE  
City-State-Zip: COLUMBIA MD 21046

Title MGRD  
Name GOYNE, MICHAEL  
Address 7090 SAMUEL MORSE DRIVE  
City-State-Zip: COLUMBIA MD 21046

Title EXVP  
Name EYSTER, JO ANNE  
Address 7090 SAMUEL MORSE DRIVE  
City-State-Zip: CLOUMBIA MD 21046

Title ASCP  
Name HERNDON, DENISE  
Address 7090 SAMUEL MORSE DRIVE  
City-State-Zip: CLOUMBIA MD 21046

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHLEEN A ELZEA

**LEGAL COUNSEL FOR**  
**MANAGING MEMBER**

**04/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date