

2013 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F10000003154

Entity Name: ANGIE'S LIST, INC.**Current Principal Place of Business:**1030 E WASHINGTON STREET
INDIANAPOLIS, IN 46202**Current Mailing Address:**1030 E WASHINGTON STREET
INDIANAPOLIS, IN 46202**FEI Number:** 27-2440197**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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**Officer/Director Detail :**

Title CEO
Name OESTERLE, WILLIAM
Address 1030 E WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46202

Title CTO
Name THAPAR, MANU
Address 1030 E WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46202

Title CFO
Name MILLARD, ROBERT R
Address 1030 E WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46202

Title DIRECTOR
Name MAURER, MICHAEL S
Address 1030 E WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46202

Title CMO
Name HICKS BOWMAN, ANGELA R
Address 1030 E WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46202

Title CTRL
Name HUNDT, CHUCK
Address 1030 E WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46202

Title DIR
Name LEE, ROGER H
Address 1030 E WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46202

Title DIRECTOR
Name KRACH, KEITH J
Address 1030 E WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46202

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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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHUCK HUNDT**CONTROLLER****03/26/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CHUANG, JOHN H
Address 1030 E WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46202

Title DIRECTOR
Name BIDDINGER, JOHN
Address 1030 E WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46202

Title DIRECTOR
Name BRITTO, MARK
Address 1030 E WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46202

Title DIRECTOR
Name KAPNER, STEVEN M
Address 1030 E WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46202