

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000003711

Entity Name: ZIPREALTY, INC.

FILED
Oct 27, 2008
Secretary of State

Current Principal Place of Business:

2000 POWELL STREET, SUITE 300
EMERYVILLE, CA 94608

New Principal Place of Business:

Current Mailing Address:

2000 POWELL STREET, SUITE 300
EMERYVILLE, CA 94608

New Mailing Address:

FEI Number: 94-3319956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: LAURIE BUTLER, ASSISTANT V.P.

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: LASHINSKY, JOSEPH PATRICK
Address: 2000 POWELL STREET, SUITE 300
City-St-Zip: EMERYVILLE, CA 94608

Title: EVP () Delete
Name: SINCLAIR, WILLIAM C
Address: 2000 POWELL STREET, SUITE 300
City-St-Zip: EMERYVILLE, CA 94608

Title: SVP () Delete
Name: COMBES, GENEVIEVE
Address: 2000 POWELL STREET, SUITE 300
City-St-Zip: EMERYVILLE, CA 94608

Title: SVP () Delete
Name: RECTOR, DAVID A
Address: 2000 POWELL STREET, SUITE 300
City-St-Zip: EMERYVILLE, CA 94608

Title: SVP () Delete
Name: YAKOMINICH, ROBERT
Address: 2000 POWELL STREET, SUITE 300
City-St-Zip: EMERYVILLE, CA 94608

Title: GCSV () Delete
Name: BERCOVICH, LARRY
Address: 2000 POWELL STREET, SUITE 300
City-St-Zip: EMERYVILLE, CA 94608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LARRY S. BERCOVICH

V.P.

10/27/2008

Electronic Signature of Signing Officer or Director

Date