

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000003496

1. Entity Name
CORELOGIC SYSTEMS, INC.



Principal Place of Business
**10360 OLD PLACERVILLE RD STE. 100
SACRAMENTO, CA 95827**

Mailing Address
**10360 OLD PLACERVILLE RD STE. 100
SACRAMENTO, CA 95827**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0606588

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

000000579511
01/10/07-80010-014 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CVPS
NAME	CLARK, KRAIG A COO
STREET ADDRESS	10360 OLD PLACERVILLE RD, STE 100
CITY-ST-ZIP	SACRAMENTO, CA 95827
TITLE	VCP
NAME	SCHROEDER, STEVEN E CEO
STREET ADDRESS	10360 OLD PLACERVILLE RD, STE 100
CITY-ST-ZIP	SACRAMENTO, CA 95827
TITLE	D
NAME	KOSSOW, JON E
STREET ADDRESS	10360 OLD PLACERVILLE RD, STE 100
CITY-ST-ZIP	SACRAMENTO, CA 95827
TITLE	D
NAME	CHAMBERS, JEFFREY T
STREET ADDRESS	10360 OLD PLACERVILLE RD, STE 100
CITY-ST-ZIP	SACRAMENTO, CA 95827
TITLE	T
NAME	CROMAR, MICHAEL E CFO
STREET ADDRESS	10360 OLD PLACERVILLE RD, STE 100
CITY-ST-ZIP	SACRAMENTO, CA 95827
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/07 916 4383196