2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F97000001676

VOGEL, DONNA

5678 FLORIDA AVE

BETHEL PARK, PA 15102

Name: Address:

City-St-Zip:

FILED Nov 02, 2004 Secretary of State

Entity Name: EFS REAL ESTATE INFORMATION SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** 875 GREENTREE RD SUITE 275, BLDG 9 PITTSBURGH, PA 15220 **Current Mailing Address: New Mailing Address:** 875 GREENTREE RD SUITE 275, BLDG 9 PITTSBURGH, PA 15220 FEI Number: 25-1493416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition FUCHS, RICHARD M FUCHS, RICHARD M Name: Name: 1380 RED FERN DR 1380 REDFERN DR Address: Address: City-St-Zip: PITTSBURGH, PA 15241 City-St-Zip: PITTSBURGH, PA 15241 VD () Delete Title: Title: (X) Change () Addition Name: LOWE, MORTON H Name: BELL, SCOTT A 716 SOMERVILLE DR 413 SLEEPY HOLLOW RD Address: Address: PITTSBURGH, PA 15243 PITTSBURGH, PA 15228 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition BELL, SCOTT A VOGEL, DONNA Name: Name: 413 SLEEPY HOLLOW RD 5678 FLORIDA AVE Address: Address: City-St-Zip: PITTSBURGH, PA 15228 City-St-Zip: BETHEL PARK, PA 15102 Title: (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SCOTT A. BELL S 11/02/2004