


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90094 042 \*\*\*150.00

<b>DOCUMENT # F98000006926</b>	
1. Entity Name <b>COSTAR REALTY INFORMATION, INC.</b>	

Principal Place of Business <b>2 BETHESDA METRO CENTER 10TH FLOOR BETHESDA, MD 20814</b>	Mailing Address <b>2 BETHESDA METRO CENTER 10TH FLOOR BETHESDA, MD 20814</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04262007 Chg-P CR2E034 (12/06)

4. FEI Number <b>52-2134617</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE	CEOP <input type="checkbox"/> Delete	TITLE	
NAME	FLORANCE, ANDREW C	NAME	
STREET ADDRESS	2 BETHESDA METRO CENTER 10TH FLR	STREET ADDRESS	
CITY-ST-ZIP	BETHESDA, MD 20814	CITY-ST-ZIP	
TITLE	CFOT <input type="checkbox"/> Delete	TITLE	
NAME	CARCHEDI, FRANK ANTHONY	NAME	
STREET ADDRESS	2 BETHESDA METRO CENTER 10TH FLR	STREET ADDRESS	
CITY-ST-ZIP	BETHESDA, MD 20814	CITY-ST-ZIP	
TITLE	SGC <input type="checkbox"/> Delete	TITLE	
NAME	<del>GARRETT, CARLA</del> Coleman, Jonathan	NAME	
STREET ADDRESS	2 BETHESDA METRO CENTER 10TH FLR	STREET ADDRESS	
CITY-ST-ZIP	BETHESDA, MD 20814	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	FLORANCE, ANDREW C	NAME	
STREET ADDRESS	2 BETHESDA METRO CENTER 10TH FLR	STREET ADDRESS	
CITY-ST-ZIP	BETHESDA, MD 20814	CITY-ST-ZIP	
TITLE	CBD <input type="checkbox"/> Delete	TITLE	
NAME	KLEIN, MICHAEL R	NAME	
STREET ADDRESS	2445 M STREET NW	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, DC 200371420	CITY-ST-ZIP	
TITLE	D- <input type="checkbox"/> Delete	TITLE	
NAME	BONDERMAN, DAVID	NAME	
STREET ADDRESS	201 MAIN STREET SUITE 2420	STREET ADDRESS	
CITY-ST-ZIP	FORT WORTH, TX 76102	CITY-ST-ZIP	

*Renewal Form  
not received.  
Please waive  
any penalties*

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: _____	4/29/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #