2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 22, 2000 8:00 am Secretary of State DOCUMENT # F9900003483 1. Entity Name REAL PAGE, INC. 08-22-2000 90223 039 ***550.00 Principal Place of Business Mailing Address 2395 MIDWAY ROAD 2395 MIDWAY ROAD CARROLLTON TX 75006 CARROLLTON TX 75006 **10074062** 2. Principal Place of Business 3. Mailing Address is 19 Lanois nZ 00004 ACOO International Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 00 QOCity & State City & State Applied For 4. FEI Number 75-2788861 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C'T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CS Chairman of Board CR2E034 (5/00) TITLE Change ☐ Addition TITLE ☐ Delete NAME WINN, STEPHEN NAME STREET ADDRESS 2395 MIDWAY ROAD STREET ADDRESS CITY-ST-ZIP **CARROLLTON TX 75006** CITY-ST-ZIP esident X Change ☐ Addition TITLE ☐ Delete TITLE KLUBER, JIM Iames STREET ADDRESS STREET ADDRESS 2395 MIDWAY ROAD CITY-ST-ZIP CITY-ST-ZIP CARROLLTON TX 75006 Change ☐ Addition TITLE Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T/T) F TITLE ☐ Change Addition □ Delete NAME NAME STREET ADDRESS STREET ADDRESS Brail Brillia CITY-ST-ZIP CITY-ST-ZIP Trible Ch ☐ Addition TITLE Delete TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. PRESIDENT 7/16/00